

THE CANADIAN HOSPITAL

**OFFICIAL JOURNAL
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JANUARY, 1950

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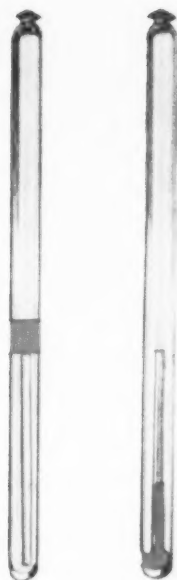
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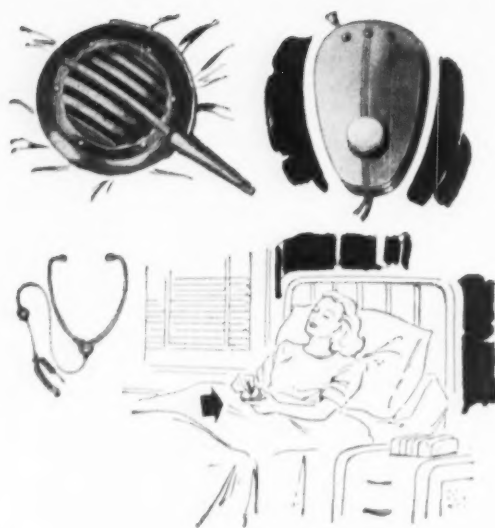
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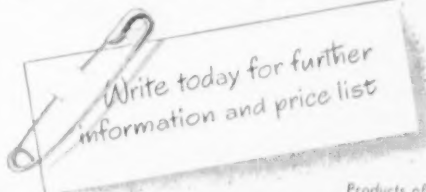


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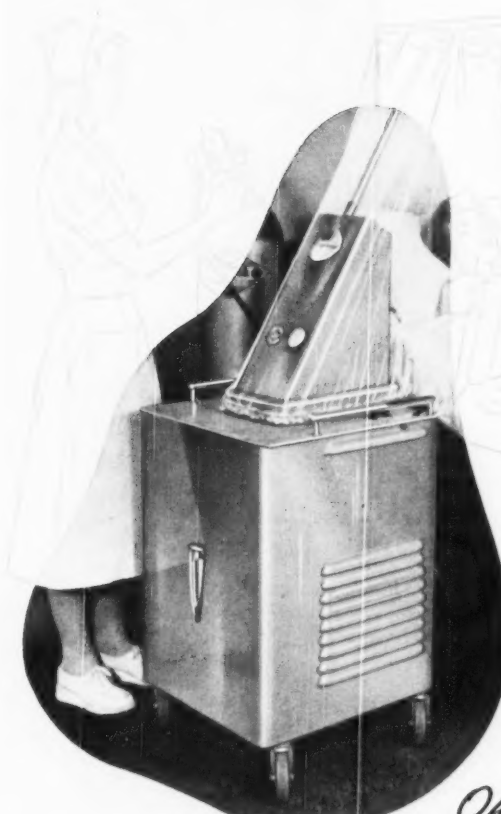
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(Continued on page 10)

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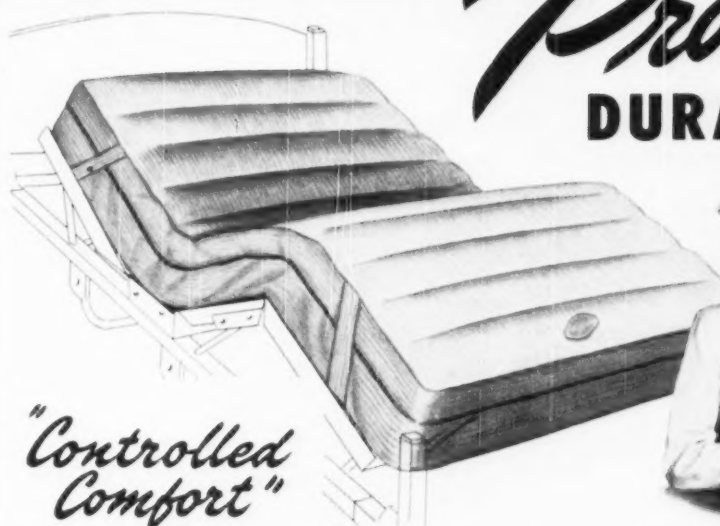
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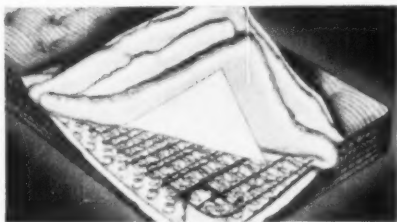
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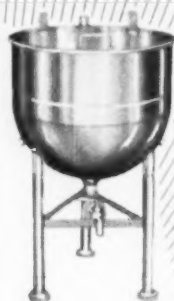


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Across the Desk

By C.A.E.

Dr. Bush Director of Merck & Company

Dr. Vannevar Bush, President of the Carnegie Institution at Washington, D.C., has been appointed a director of Merck and Co., Inc., Rahway, N.J., it has been announced by Robert L. Hendershott, president of Merck & Co. Limited, Montreal and Valleyfield, P.Q.



Dr. Bush is one of the foremost scientific men in North American chemistry. He is well known for his record as Chairman of the National Defense Research Committee, as Director of the Office of Scientific Research and Development, and as first Chairman of the Research and Development Board of the Department of Defense at Washington.

Mr. Hendershott states that the appointment of Dr. Bush cannot fail to be of great importance to the Canadian Merck organization, which co-operates closely with its American associated company in the development of such antibiotics as streptomycin and the new rheumatoid arthritis drug, cortisone.

* * * * *

"Nutritional Data"

A new book, "Nutritional Data" prepared for distribution to physicians and professional nutritionists, is now being released by H. J. Heinz Company of Canada Limited, Toronto.

Authors of the book are Dr. H. A. Wooster, Jr., and Dr. F. C. Blanck, of the Heinz Nutritional Research Division at Mellon Institute, Pittsburgh. The publication is the successor to the twelfth edition of the company's Nutritional Charts Book which has been accepted as an authority by professional dietitians and doctors since 1934. More than 80 per cent of the U.S. medical schools use it as an aid in teaching.

Completely modernized by the addition of new research findings, "Nutritional Data" includes sections on vitamins, the essential elements, proteins and amino acids, the availability of nutrients, signs and symptoms of malnutrition, the metabolism and action of foods, human nutritive requirements, planning diets for good nutrition and tables of food composition and nutritive value.

The book, due to its technical nature, is available only upon written request by physicians, nutritionists, dietitians and others qualified by professional duties in the food field.

(Continued on page 16)

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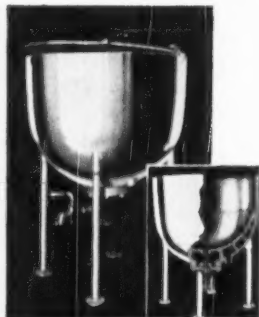
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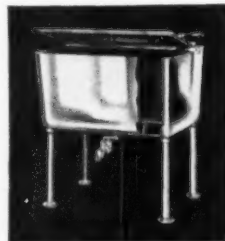


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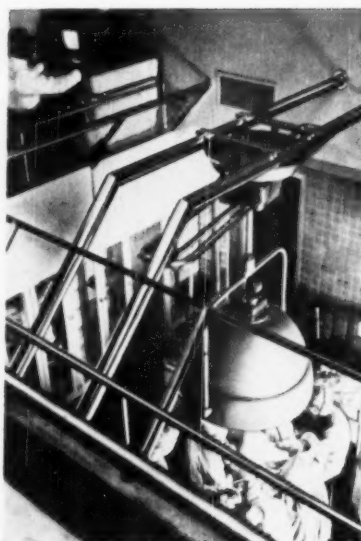
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Across the Desk

(Continued from page 12)



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There are 200 self-explanatory illustrations. Nearly all show: a set-in block diagram of the bony structure involved; a photographic insert with an "x" to mark the spot toward which the central beam should be directed; specific instructions for positioning patient and tube; suggestion as to size of film to be used; amount of kilovolts peak variation per centimeter of thickness; average centimeter thickness on which chart was based; average kilovolts peak variation from minimum to maximum thickness; advice as to use of cone or not; instructions to give patient; suggested starting technic.

Copies of this extremely useful booklet are available from General Electric X-Ray Corporation Limited, Toronto. Price \$7.45 to hospitals; \$7.70, including tax, to individuals.

* * * *

Stanley Brock Chairman of Board

Mr. Stanley Brock, the founder of Stanley Brock Limited and its President since the inception of the company, was elected Chairman of the Board of Directors at

(Concluded on page 20)

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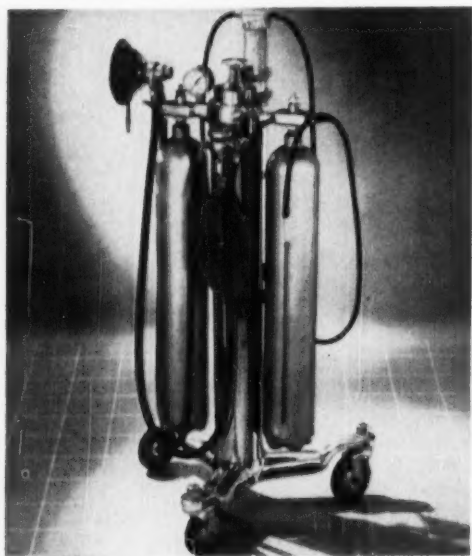
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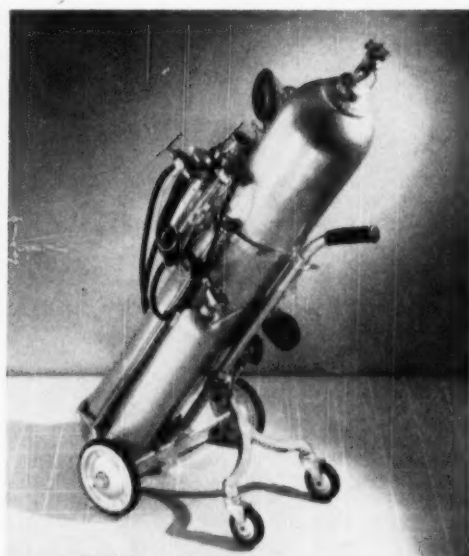
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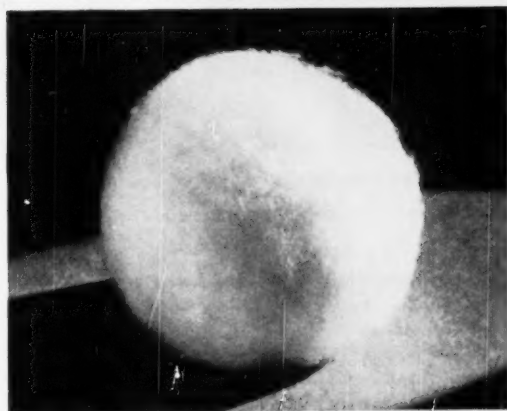
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Across the Desk

(Concluded from page 16)

a meeting of directors held December 9, 1949. Mr. J. F. Keyes, who has been active in the company also since the inception, and who has held the office of Executive Vice-President for a number of years, has been elected President and General Manager. Mr. Gerald A. Coughlin, K.C., a well-known member of the Bar at Montreal, has been elected to the Board of Directors.

J. H. Connor Appointment

A. L. Mailman, President of Mailman Corporation Limited, announces the promotion of W. W. Johnston as General Manager of J. H. Connor & Son, Limited, Ottawa, manufacturers of Connor laundry and dry cleaning machinery and a division of Mailman Corporation Limited.



W. W. Johnston

Mr. Johnston's headquarters will continue to be in Ottawa.

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(b) Effectiveness—the visual environment must be designed to protect and promote the health and safety of patients and employees . . . to promote the maintenance of sanitary conditions.

Recommendations made in a new Holophane booklet, "Architect's Guide to Hospital Lighting", published by U.S. Public Health Service, offer adequate balance between effective hospital lighting and the need to meet low costs.

This booklet, available to administrators and architects, contains an important new feature in the schedules which appear on most pages indicating proper paint colours for all hospital interiors.

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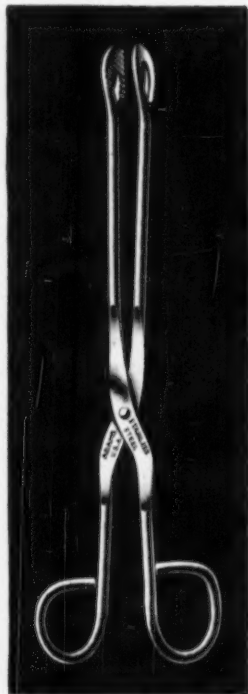


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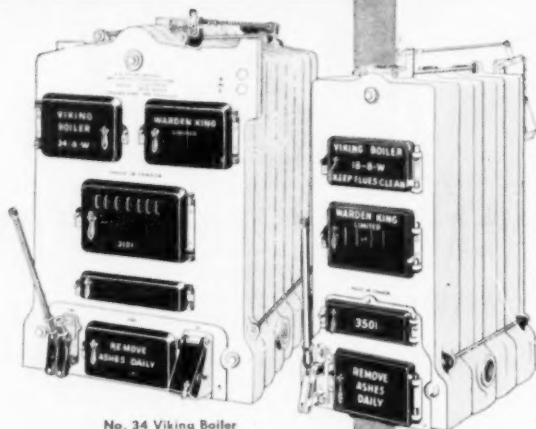
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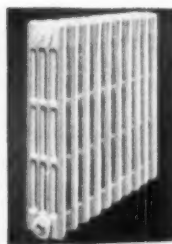
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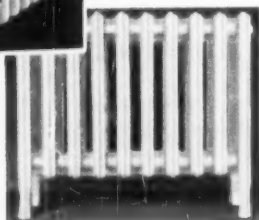
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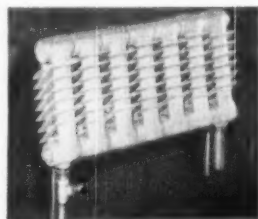
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CANADIAN HOSPITAL

Harvey Agnew, M.D., Editor

Toronto, January, 1950

Vol. 27

No. 1

Obiter Dicta

Plam Speaking in British Columbia

THE Minister of Health and Welfare, the Hon. Gen. S. Pearson, did some plain speaking at the British Columbia Hospitals Association convention. In doing so he was asking for the full co-operation of the hospitals in lowering operating costs, but he made it plain that the Government is going to resist upon what will seem, to many hospital trustees and administrators, an impossible task. Referring to the rapidly rising cost of financing hospitals (\$9,000,000 to \$17,000,000 in four years) and the reluctance of the public to accept higher premium rates, Mr. Pearson stated that the Government, as a result, was "on the spot"; it would seem, however, that the hospitals now find themselves also on the spot. The public is demanding the best quality and an adequate and increasing quantity of hospital care. The hospitals are going to find it exceedingly difficult to provide this type of care and, at the same time, make any material reduction in costs.

Inasmuch as wages and salaries make up more than 60 per cent of the total hospital costs, the Minister was of the opinion that major reductions must be made in this field. That will not be easy. British Columbia has the highest wage level in Canada and the hospitals must accept this situation. The Minister agreed that wage increases have been justified and that nurses cannot be expected to work for less than they would be paid in industry. He added, "So the big challenge to hospitals is to make sure they are not employing more than they need. This is the only way to reduce costs."

Mr. Pearson may have put his finger on the only pos-

sible means of making substantial reductions in maintenance costs; but today, with shortened hours, longer holidays, varying degrees of slow down (including, sometimes, inability to discharge the inefficient), hospitals are finding it necessary to employ more people to accomplish a given amount of service. To complicate the problem still further, organized labour is requesting more concessions to hospital employees, and even the Provincial Department of Labour is requesting further concessions to student nurses. Moreover, with earlier discharge and consequent increased per diem requisite service per patient, hospital costs must inevitably mount.

To make certain that a high degree of efficiency is being maintained and that hospital administration is being kept at the most economical level, the Government is employing a firm of consultants to make a confidential survey of the major hospitals and their administration. A few years ago this would have been strongly resented by the voluntary hospitals concerned, but the Government is now providing the operating revenue on behalf of the participants in the hospitalization plan and it is realized that the one who pays the piper calls the tune. This must be regarded as one of the consequences of state-sponsored hospitalization; we hope that any insistence upon rigid rules of efficiency will not be accompanied by the loss of even more important intangibles.

Probably some inefficiency will come to light—this would apply to any institution or industry—but we doubt that many gross examples will be found or that sizeable reductions in maintenance costs can be effected without affecting the quality of service. Fortunately there is a

Hospital Committee section of the Hospital Advisory Council which has been set up as the proper body through which these matters can be channelled. It is to be hoped that this body will be fully used so that its experience and advice may be an important factor in arriving at decisions which may substantially affect the hospitals of British Columbia.



Chalk River Unlocking the Door to Medical and Other Progress

ALTHOUGH we read much about the development of atomic bombs we hear much less, except for imaginative speculation, of the application of nuclear physics to peace-time interests. Last month, Dr. David A. Keys, Vice-president of the National Research Council and in charge of the atomic energy project, Chalk River, speaking at the Royal Canadian Institute in Toronto, gave a hint of what is being done along these lines at the closely guarded Chalk River development on the Ottawa River.

Canada can well be proud of what Dr. Keys and his brilliant associates have been doing, at this, the only national plant to use "heavy water" as a reactor in the production of isotopes. Leading visitors from co-operating nations have paid high tribute to the unequalled efficiency of processes used here. Research workers in this country and elsewhere have produced some 540 different isotopes not known seven years ago, and four new elements have been isolated in different laboratories. The potentialities of this new power are tremendous. The isotope of cobalt is several times stronger than radium and the radiation from a stockpile of uranium is equivalent to that of tons of radium. One pound of uranium 235 has sufficient energy to keep alight one thousand 100-watt lights for 13,000 years.

Newly discovered radioactive isotopes are being used in research as tracers, electronic devices enabling infinitesimal quantities to be detected. Isotopes have a life (research workers use a "half-life" formula as a basis for calculation) ranging from a fraction of a second to thousands of years. One reason for the danger of permitting the old radioactive substances to enter the body was their length of life—much longer than that of the individual, but now isotopes with self-terminating periods of activity can be used. The isotope of cobalt, which will readily penetrate one-quarter inch of lead and which has a half-life of 5.3 years, has real medical possibilities, and iodine 31 has already proved of value in the treatment of hyperthyroidism. On the Gold Coast, tracers have shown that mosquitoes can travel three-quarters of a mile, an important point in controlling certain diseases. Dr. Keys is of the opinion that the chief medical use of isotopes in the early future may be to ascertain fundamental processes in physiology, biochemistry, and biophysics, rather than to cure diseases as such.

In agriculture, radioactive iodine and phosphorus have been useful in studying plant growth and in appraising

the relative values of fertilizers. In commerce, the efficiency of lubricating oils and of piston rings has been checked by using Geiger counters to detect tracer particles worn from radioactive cylinders, et cetera. This instrument can also be used to estimate thickness in rolling mills for it can detect even the increased resistance of an added sheet of paper. The dye industry is another industry which has been aided.

The potentialities for power production are tremendous and already neat little power units equipped with small uranium rods have been devised. It is quite possible, too, that secondary reactions may be made practicable, thus permitting "fuel" to be used a second time.

In Dr. Keys' opinion, much remains to be done to check the effects of radioactivity on metals and tissues, but great progress is being made. Last year this inspired group published some 40 papers and, of course, much work has not yet been made public. It was significant that never once, in an hour and a half, did Dr. Keys mention "bombs" or "atomic warfare". That is Canada's attitude.



Safe Practice in Hospital Operating Rooms

UNDER this title the National Fire Protection Association has issued a very helpful little booklet.* This standard supersedes the advisory pamphlet *Combustible Anaesthetics in Hospital Operating Rooms* published in 1944 and reprinted in 1948. The booklet covers a wide range of subjects in brief succinct fashion. We have a review of the hazards—combustible anaesthetic agents, combustible disinfecting agents, shock and spark hazards, flames and hot materials. We read of hazardous locations, of ventilation, of the storage and piping of gases, and of the requirements for good electrical wiring and equipment. There is a section on the reduction of the electrostatic hazard—conductive flooring, furniture and intercoupling (the latter is no longer recommended as an alternative for conductive flooring).

The handling of gases is given special consideration, attention being called to the details of cylinder storage, location when in use, and to recommendations of the Compressed Gas Association respecting a code of hospital regulations relating to gases. The N.F.P.A. also recommends that hospital administrative authorities and professional staffs jointly agree upon necessary rules and regulations for the control of personnel concerned with the use of combustible anaesthetics. Recommended regulations are included. In an appendix various aspects of the subject are further elaborated.

We have not checked the standards respecting electrical hazards with the Canadian Electrical Code of the Canadian Standards Association but know that the recommendations are fairly parallel. This is a valuable booklet which should be studied by all administrators and operating room supervisors.

*Address, 60 Battery March St., Boston 10, Mass. Price, 25 cents.

Serving All Citizens—

The Canadian Hospital Council

WHAT is the Canadian Hospital Council? How is it organized and financed?

What is its relation to the individual hospital? These are questions which have been asked again and again by interested individuals.

My answer, centring chiefly around the difference between an association and a council, in essence has been this: Each province or district in Canada has its own hospital association and Catholic conference. There is no Canadian hospital association but, in its place, is a body (the Canadian Hospital Council) which correlates and co-ordinates the features common to all the provincial organizations and helps them in every possible way. Each provincial body elects its Council delegates who meet together at a biennial conference. Here are discussed many problems common to all hospitals, and officers and members of the executive are elected for a two-year period. The officers and members of the executive serve without fee and accept the responsibility of organizing and maintaining a full-time staff, with offices in Toronto. Working continuously in the interests of provincial organizations and their hospitals, the staff is financed largely by voluntary contributions from the provincial bodies, an appreciated assistance from the Sun Life Assurance Company of Canada, and a modest profit from *The Canadian Hospital*. In reality, the Council is the servant of the associations and conferences and is recognized by them as the negotiating agency in dealings with federal departments.

This may be a sufficient answer to the casual request for information. It is not, however, an adequate answer to the hospital asso-

**R. Fraser Armstrong,
President,
Canadian Hospital Council.**

ciation or conference, which is a voluntary contributing organization. To you it is my responsibility to give a general account of what has been done and to discuss some problems of the future. Are you satisfied with the policies and services of the past? Do you want the service expanded? How far can you go in supporting the work of the Council?

In the years prior to 1931 hospital people, whenever they gathered together, asked these questions: Should there be a Canadian hospital council? Should there be a Canadian hospital association? It was in the year 1931 that the Council was formed.

Eighteen years have passed. During that time the Council has rendered a valuable service to our hospital field in countless specific as well as intangible ways. It is natural to think of the specific but I personally feel that the intangible values have been the greatest, values derived from the quality of the men associated with Council work. These men, those whose memories we cherish and those who are still active, have made great contributions to the hospital field. Sound and conservative, with judgment based upon integrity, experience, and knowledge, they provided a stimulus and inspiration which could not be measured in dollars and cents. It was inevitable that their influence would temper legislative policy and decision for the good of all hospitals.

The Council, as originally envisaged, was to be a co-ordinating body for the provincial associations and conferences. It was to watch pending legislation and exert all possible influence for the benefit of

our people and our hospitals. The scope of service has increased year by year but the fundamental objectives remain.

In 1936 the Council was given the opportunity of taking over *The Canadian Hospital*. To do this, it was necessary to adopt and incorporate a new constitution, which provided some eight objectives and detailed the membership privileges. There have been some minor adjustments since that time. I need say little about the "Journal". You know what it is and you must recognize and appreciate the value of this hospital publication.

Benefits of the Council

The Council provides services at different levels. At the top are the public who are either potential patients or patients. For us, as citizens of Canada, the Council is a balancing agency. To illustrate—a situation which might have been adjusted gradually without undue disturbance to our economy, often rides along until a major correction is necessary. Then the pendulum of public opinion is apt to be swayed by emotion rather than by fact and costly errors are made. The Council, by keeping our people informed and by advocating constant improvements in standards, functions to protect us, as people, against ourselves.

On another plane are our provincial and federal governments and the Council has been ready at all times to supply them with factual information. Without doubt, many decisions have been tempered by data supplied through the Council.

Provincial associations and conferences are expected to look after the interests of their own hospitals. Local interest can best be protected by provincial bodies, but where all provinces are concerned, it is more effective and economical

An address presented at the convention of the British Columbia Hospitals Association, November, 1949.

to have a central organization belonging to and serving all local associations. The old adage, "United we stand—divided we fall", holds true in the hospital field, particularly in negotiations with federal departments.

At the level of the hospitals themselves, we may be more specific and, as an example, the first thing one thinks of is the sales tax exemption. Due credit must be given the federal government for giving the exemption; however, it might not have been given had there been no Canadian Hospital Council to present the arguments. The aggregate budget for Canadian hospitals is in excess of eighty millions. I do not know what the annual saving from sales tax exemption is, but it must amount to several hundred thousands of dollars each year. For the period the sales tax exemption has been in effect, the savings must be millions of dollars.

The Council has been able to arrange many adjustments in excise duties and was largely responsible for the favourable position of

our hospitals with respect to unemployment insurance costs.

Many hospitals will remember the difficulties experienced at first with the Soldiers' Dependents' Board. The Council took an active part in attaining improved relations. Some hospitals serve D.V.A. patients under contract and many will remember how difficult it was to arrange fair and reasonable rates. Here, too, the Council played a part in improving the situation.

In the field of administrative relations, the relationship of trustees to superintendent and of medical staff to administrative staff, the Council has performed a real service.

Not the least of the benefits extended has been that of the package library. Under a competent librarian a hospital library has been developed which is second only to the Bacon Memorial Library in Chicago. From a purely Canadian standpoint, it cannot be excelled. This package library service is available to all hospitals and, if the Council had done nothing more than develop its

library, its existence would have been worthwhile.

Council Finances

Where has the money to finance the Council come from? In 1948 provincial associations and conferences provided \$16,700; the Sun Life Assurance Company of Canada, \$8,000 (in 1949, this amount was reduced to \$7,000); *The Canadian Hospital*, a net profit of \$1,415; Blue Cross memberships, \$200; and interest earnings, \$225—a gross total of \$25,540.

About one-half of this was used to meet the salaries of the permanent staff; approximately one-sixth to meet partially the travel expenses of those participating in provincial meetings and institutes; and the balance for office rent, printing, stationery, postage, and miscellaneous expenses. All expenditures have been carefully scrutinized and the books duly audited.

It has long been recognized that our greatest strength has been our efficient, capable, hard-working, and respected Secretary, Dr. Harvey Agnew. He is known in every section of Canada and the officers under whom he has served would be the first to admit that the Council has been largely what he has made it. During these years he has given of himself not for financial gain—time and again he has turned down more remunerative openings. His was a labour of interest in the welfare of our hospitals. It was not his desire that the Council should be so dependent upon him, but there was the work to do and revenue was not sufficient to employ an assistant of comparable ability.

The executive appreciated the fact that one-man strength did not give stability for the future and that it was too much to ask of a willing worker. These features were given serious consideration at the executive's biennial meeting in May last year, with the result that delegates present were asked to give tentative approval to a minimum increase of \$15,000 in the operating budget and to place the situation before the organizations represented. An assistant secre-

(Concluded on page 68)



Courtesy, Olive Innes

Patterns in the Snow

The Significance of the

New International Statistical Classification of Diseases, Injuries, and Causes of Death

THE *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death (Volume I)*, published recently by the World Health Organization, has caused some consternation in hospital quarters due to uncertainty as to the significance to be attached to it and its place in the field of hospital recording. The purpose of this article is to clarify the situation.

The appearance of the new *Manual* has marked a further step toward the improvement and increased usefulness of morbidity and mortality statistics.* Meeting in Geneva in August, 1948, the first World Health Assembly, on the recommendation of the International Conference, subscribed to the use of the new International Statistical Classification by its member nations and adopted international regulations governing its use. This new statistical list is not merely the sixth revision of the old *International List of Causes of Death* but it is a single list designed for the tabulation of causes of sickness as well as causes of death. It meets a need which has existed for many years in all countries where studies of the causes of sickness and death were undertaken.

The numerous enquiries from hospitals and from persons interested in or responsible for indexing and classifying disease and injury, which have followed these developments, have indicated that there is much confusion and uncertainty concerning the respective functions of the new *International Statistical Classification* and the *Standard Nomenclature of Disease* and give a tenacious impression that there is conflict between the

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two. It is important that everyone should clearly understand the precise nature and purpose of these two publications in order to realize that there is no conflict and no real overlapping. The *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death* and the *Standard Nomenclature of Disease* serve two distinct purposes.

The International Statistical Classification is designed to establish international uniformity in the compilation of statistics on the causes of sickness, injury, and death. It is a statistical list and therefore is much less detailed than is the *Standard Nomenclature*. It comprises 610 main categories of disease conditions, 153 categories for the classification of the external causes of injury, and 189 categories for nature of injuries.

The *Standard Nomenclature* is a dictionary of accepted medical terms; it is designed to standardize the diagnosis terminology used by physicians and to facilitate the indexing and filing of hospital records generally. The fineness of diagnosis breakdown in the *Standard Nomenclature* is, therefore, much greater than it is in the new *International Statistical Classification*, and it contains many thousands of entities.

The *Standard Nomenclature* is the most widely accepted medical nomenclature now in use and, as such, is the most acceptable dictionary of medical diagnoses that we have. So widely has its use extended that it now has no significant competitor and there is no immediate prospect that

any other may replace it. This Nomenclature is now under revision and the new volume will include cross-reference code numbers to the International Statistical Classification to facilitate statistical studies on an international and comparable basis.

The distinction, both in nature and in function, between a nomenclature and a statistical classification is effectively described in the Preface to Volume I of the *Manual of the International Statistical Classification* itself.

"Basically, a nomenclature is a list or catalogue of approved terms for describing and recording clinical and pathological observations. To serve its full function, it should be extensive so that any pathological condition can be accurately recorded. As medical science advances, a nomenclature must expand to include new terms necessary to record new observations. Any morbid condition that can be specifically described will need a specific designation in a nomenclature.

"This complete specificity of a nomenclature prevents it from serving satisfactorily as a statistical classification. When one speaks of statistics, it is at once inferred that the interest is in a group of cases and not in individual occurrences. The purpose of a statistical compilation of disease data is primarily to furnish quantitative data that will answer questions about groups of cases. . . .

"A statistical classification of disease (on the other hand) must be confined to a limited number of categories (italics ours) which will encompass the entire range of morbid conditions. Categories should be chosen so that they will facilitate the statistical study of disease phenomena. A specific disease entity should have a separate title in the classification only when its separation is warranted because of the frequency of its occurrence or its importance as a morbid condition justifies its isolation as a separate category. . . . Every disease or morbid condition, however, must and does have a definite and appropriate place as an

*Volume II containing the Index to the List will be released early this year.

inclusion in one of the categories of the statistical classification. . . ."

The purpose of a statistical classification "is to provide a list of disabilities for compiling statistics and not a nomenclature of diseases and injuries". Not every condition receives a particular number in a statistical list, but there is a category to which every disease condition or injury can be referred, and this is achieved by grouping. In the new Statistical Classification the conditions which should be set up as separate categories were determined on the basis of frequency, importance, and specificity of the entities concerned.

There are three requirements in the field of hospital records and statistics—naming diseases, indexing diagnoses, and preparing statistics. Many have regularly regarded the Standard Nomenclature as serving effectively all three needs. It has been emphasized many times by experts both in Canada and elsewhere that this is not entirely so, but it is still necessary to draw attention to the fundamentals which are involved.

The Standard Nomenclature cannot and was never intended to serve for statistical purposes. Its great function lies in standardizing diagnoses and facilitating indexing and filing. In its present form the International Statistical Classification can never be substituted for the Standard Nomenclature, for it is designed to serve the needs of the statistician. On the other hand, it is flexible enough so that it may be extended to provide whatever degree of detail is desired

Hospitals May Come Under Unemployment Insurance

As we go to press word is received that there is a distinct likelihood that an effort will be made at the coming session of the Federal House to bring public hospitals under the Unemployment Insurance Act. Hospitals and their employees are now exempt from contributions to this fund.

Such a revision would add materially to the cost of hospital operation and would be a further burden on hospital employees who are not likely to benefit from such payments. Hospital staffs are kept constant, without seasonal or periodic fluctuations. If a worker is competent, steady employment is assured. Practically the only reasons for severance are voluntary resignation or incompetence.

Hospitals are being asked to express the views of administration and employees to their local members of parliament and their senators, so that our legislators at Ottawa may be fully informed of the situation. ●

not only for statistical analyses but for indexing purposes as well. This latter development is one which may be anticipated now—it will be an event of tremendous significance.

The basic conflict appears to be in the establishment of an index for filing records. In some quarters it is felt that the Standard Nomenclature should be used for indexing and filing purposes, and it is of course being used for that purpose. Others feel that the Standard Nomenclature should be used for naming diseases and is not satisfactory for filing and indexing purposes. This difference of

opinion will eventually be reconciled, probably by extending the International Statistical Classification to provide a convenient diagnosis cross-index something like that used at the Johns Hopkins Hospital, Baltimore. Such a diagnosis cross-index would not, of course, supplant the Standard Nomenclature as a nomenclature but, as a diagnosis cross-index, it would be complementary to it.

Current general policy and practice is to adopt the Standard Nomenclature as the dictionary of approved medical terms. Doctors will then be committed to use it in making diagnoses on the ward. When the clinical records are passed to the medical records department of the hospital, they can then be coded for indexing purposes according to the Standard Nomenclature or (in due course) to an adaptation of the International Statistical Classification. Statistics for publication can best be prepared according to the new International Statistical Classification, or an appropriate modification thereof.

There is thus no need for conflict between the *Standard Nomenclature of Diseases* and the *International Statistical Classification of Diseases, Injuries, and Causes of Death*. The two cannot be used interchangeably, for they are designed to serve different purposes. The uncertainty which exists is due to a failure to recognize the precise functions of the two publications. The simplest way of resolving the problem is to regard the Standard Nomenclature as a dictionary of approved terms and diagnoses and the International Statistical Classification as the approved statistical list for tabulating data.

References

1. *Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death, Volume I*, published by the World Health Organization, Geneva, 1948.
2. Crosby, E. L. and Fales, W. T., *Hospitals*, 1948, 22 (August): 59.
3. Marshall, J. T., *Millbank Quarterly*, 1949, 27: 289.
4. Wyllie, J., *Canadian Public Health Journal*, 1949, 40: 117.
5. Current Comment, *American Medical Association Journal*, 1948, 138: 1232.
6. Leading Article, *the Lancet*, 1948, 260: 934.
7. Medical Review, *Hospitals*, 1949, 23 (February): 109.



"Rockport" Courtesy, L. J. Notkin, M.D.

Hospital Utilization and Costs under Compulsory Prepaid Coverage

PART I

RISING admission rates and rising costs! These two problems march hand in hand to the door of every hospital administrator in Canada. The use of hospitals by an ever-increasing percentage of the population is a measure of the hospital's acceptance as an essential community service, while its rising costs are attributable largely to the expanded services it now provides.

Numerous studies have been made and articles written on the rising ratios of hospital utilization, and how these ratios are affected by prepaid hospital care insurance.

It is proposed, in this article,¹ to examine hospital utilization and costs under the Saskatchewan Hospital Services Plan, the first program in North America of prepaid hospital care insurance based on over-all coverage. With the inauguration of a similar program by the Government of British Columbia on January 1, 1949, it is not now unreasonable to assume that, in due course, other provinces will follow in the adoption of compulsory insurance against costs of hospital care. For this reason, it may be worth-while to record a number of pertinent observations based on the first two years' operation of the Saskatchewan program.

The Saskatchewan Hospital Services program was introduced on January 1, 1947, with the responsibility for its administration assigned to the provincial Health Services Planning Commission. The Plan provides public ward care in general hospitals and nursing homes and a virtually complete range of in-patient hospital

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services. There are no limitations, other than those of medical necessity, on the number of days of care to which a beneficiary is entitled in hospitals within the province, no restrictions because of age or pre-existing conditions, and no waiting period for maternity or other benefits.

The Plan is financed by the combination of a personal tax and a contribution from the province's general revenues. The personal tax for 1947 and 1948 was \$5 per person, with a maximum of \$30 for a family; for 1949, it was \$10 for adults and \$5 for children, with the same family maximum.

Hospital Utilization Under SHSP

As revealed in Table 1, the Plan paid the bills for the basic care of 121,951 adults and children and 20,415 newborns discharged from hospital in 1947, and of 138,030 adults and children and 19,164 newborns discharged in 1948. The

total days of care provided under the Plan in 1947 was 1,221,453 for adults and children and 187,092 for newborns, as compared with 1,455,744 for adults and 173,743 for newborns in 1948. The number of discharged cases per 1,000 beneficiaries was 156 in 1947 and 178 in 1948.

The average length of stay, based on discharged cases was 10.0 days for adults and children and 9.2 days for newborns in 1947, as compared with 10.5 days for adults and children and 9.4 for newborns in 1948.

The hospital utilization rate per 1,000 of covered population was 1,565 days in 1947 and 1,875 days in 1948. The use of hospitals by beneficiaries of the Saskatchewan Plan is thus greater than among subscribers of voluntary hospital care insurance plans, or among the general population not covered by any form of prepaid insurance.

Factors Influencing Utilization

The question whether a given hospital utilization rate is "high" or "low" is a relative one. It varies according to time and place and is influenced by many factors such

Table 1

Hospital utilization, Saskatchewan Hospital Services Plan—number of cases, patient days, annual rate per 1,000 covered population, and average length of stay, 1947 and 1948.

Year	Covered population	Cases discharged*		Days of care		Average length of stay
		Number	Rate per 1,000	Number	Rate per 1,000	
1947	780,445	121,951	156	1,221,453	1,565	10.0
1948	776,478	138,030	178	1,455,744	1,875	10.5

*These figures do not include newborns. Discharges and days for newborns were as follows:

1947—20,415 newborns; 187,092 patient days.

1948—19,164 newborns; 173,743 patient days.

1. The opinions expressed in this article are not necessarily those of the Health Services Planning Commission.

as availability of facilities, changing therapeutic techniques, age composition of the covered population, morbidity rates, economic factors, and attitudes. In the last few years, increased facilities, expanded services, relative prosperity, and a changing attitude towards hospital care have been the chief factors creating unprecedented demands for hospital admission.

The Commission on Hospital Care in the United States based its estimate of needs on a minimum of one day of hospitalization per person per year, although their survey indicated that in the various states the average ranged from 0.38 in Mississippi to 1.51 days in Montana, with the minimum being exceeded in 18 States.² In estimating the costs of providing hospital care under a nation-wide program of health insurance, the Dominion Provincial Conference in 1946 used a base figure of 1.5 days per person per year. In Saskatchewan, in 1946, the year preceding the introduction of the Plan, the rate was 1.43 days of care per person. As Figure 1 clearly reveals, every year for the last fifteen years in Saskatchewan there has been an absolute increase in the number of patients hospitalized, a trend which was maintained even in those years in which the population was decreasing. In 1934 one person in 17 was hospitalized; by 1946 this had risen to one person in seven. On the basis of this trend, therefore it is not surprising that, with the complete removal of the economic barrier, there should have been an increase in the volume of care demanded and provided in 1947.

In the opinion of the writer, the following are the chief reasons for the higher reported rate of hospital utilization under SHSP:

1. Since virtually the entire population of the province is covered, SHSP obviously has a less favourable selection of risks than if its coverage were restricted, for example, to the working force of the population enrolled in groups at their places of employment. In other words, the aged, invalids, and the chronically ill, who have

not the opportunity of becoming members of voluntary plans, were automatically "enrolled" in SHSP. A recent study of the effect of pre-paid hospital care insurance on hospital crowding, by Ballantyne *et al.*, corroborated the fact that there is a more favourable selection of risks under voluntary plans.³ This study revealed that "the insured group represents a fairly typical normal distribution curve centring about the 40-year age group, whereas the hospital population shows an excess in the upper age group". Also, "the insured group shows an excess of population in the age group with a low morbidity experience".⁴ It is inevitable, therefore, that a program which covers all age groups should have a much higher utilization rate than one that does not. The statistical data of experience under the Saskatchewan Hospital Services Plan bears this out. While beneficiaries aged 65 and over constituted but 7.7 per cent of the covered population in 1948, they accounted for 11.5 per cent of all discharged cases and 22.2 per cent of all patient days.⁵ It is recognized that this utilization

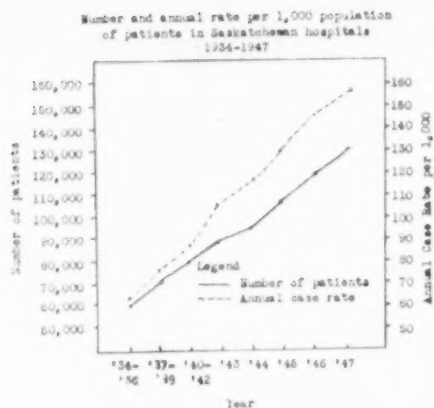
rate is high even for that age group, but this may be due in part to the fact that approximately half of the population 70 years of age and over is entitled to free medical, surgical and hospital care under the province's comprehensive medical care program for recipients of public assistance.⁶

2. As indicated previously, there is no limit other than that of medical necessity to the number of days of care to which a beneficiary is entitled or to the number of admissions to hospital permitted in any one year. If the number of days of care were restricted to 30 in any one year, for example, it would make a significant difference in the volume of care. An analysis of SHSP hospital utilization by length of stay reveals that 30.8 per cent of all days of care provided in 1948 were provided to patients in hospital 30 or more days in any one stay.⁷ The number of patients in

6. Preliminary studies indicate that these recipients of public assistance, entitled to free medical care, receive approximately twice as much hospital care as the rest of the population in that age group.

7. Annual Report of the SHSP, 1948, p. 21. In his study of Blue Cross Plans, Dr. Louis Reed estimates that a plan which provides 30 days of care would cover about 97 per cent of all cases and 84 per cent of all days in full. "Blue Cross and Medical Service Plans." (Washington, D.C., Federal Security Agency, 1947), p. 117. These figures would not hold, of course, if the basis of selection of subscribers were changed to include a true cross section of the entire population.

Fig. 1



2. Commission on Hospital Care, "Hospital Care in the United States" (New York: Commonwealth Fund, 1947) pp. 218-219.

3. H. M. Ballantyne, J. M. Harrington, and J. F. McKim, "Hospital Crowding and Insurance," *Canadian Journal of Public Health* 39 (October, 1948), pp. 409-416.

4. *Ibid.* (Emphasis supplied.)

5. Health Services Planning Commission, "Report on Operations of the Saskatchewan Hospital Services Plan", 1948, p. 17.

hospital for a total of more than 29 days during two or more stays has not yet been determined.

3. There is no waiting period for a maternity or other type of case. Since maternity cases comprise a substantial proportion of all those in hospital, any restriction on coverage until after the subscriber had been a member from 6 to 12 months would reduce utilization rates.⁸

4. The effect of Saskatchewan's high degree of rurality on hospital care demands must be considered even though its degree cannot be measured accurately. A number of studies⁹ have indicated higher morbidity rates among rural people than among urban, with a corresponding greater need for hospital care. Moreover, because of the shortage of medical manpower in the province, country patients are hospitalized for many illnesses which, in urban centres, would be treated in the home, office, or outpatient department.

8. In his study of Blue Cross Plans, Dr. Reed reports that, as a result of such restrictions, "at any one time, close to one-fifth of Blue Cross subscribers are not eligible for maternity care." *Ibid.*, p. 117.

9. F. D. Mott and M. I. Roemer, Chapter 5, *The Burden of Sickness, "Rural Health and Medical Care"* (Toronto, McGraw-Hill, 1948).

The Pattern of Progress

Canada's health levels are among the highest in the world. In the past twenty years our life expectancy has continued to advance. The general death rate is down by 17 per cent. Infant mortality is down by 44 per cent. Maternal mortality is down by 42 per cent.

In some major diseases—notably tuberculosis—there has been marked improvement; in others—particularly cancer—the reported death rate has considerably increased. In any event, while great progress has been made in controlling childhood diseases, it is clear that the incidence of many of the other diseases is still far too high. It is also clear that it is now within our power, because of the federal grants, to broaden greatly the scope of preventive medicine and to support more vigorously campaigns against disease.

5. Another factor is the relatively high availability of facilities. On January 1, 1947, when the Plan went into effect, the ratio of rated

bed capacity per 1,000 population for the entire province was 4.8; the bed complement ratio was 5.8 beds per 1,000 population. By the end of 1948, these ratios had increased to 5.6 per 1,000 and 6.9 per 1,000 respectively. (See Figure 2.)

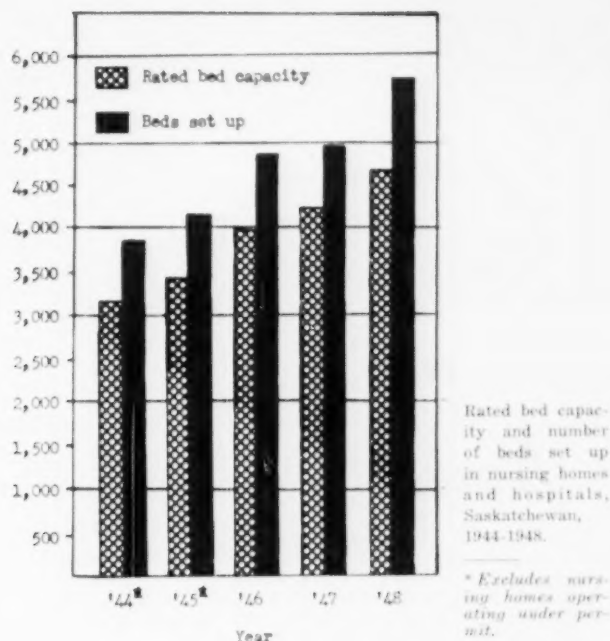
The effect of adequate facilities on hospital utilization was recently pointed out in *Trustee*, a journal of the American Hospital Association, in a reference to high utilization in the Mountain States. "This does not mean that residents of the mountain states are less healthy than those of the east south central region and hence need more hospitalization. If anything the mountain states residents are better off, for that area has the facilities to hospitalize a greater percentage of its people who need care."¹⁰

(To be concluded in February)

10. A Report on Admissions, "Trustee" (August, 1949), pp. 6-7. For an excellent forecast of most of these results of universal coverage, see the article by Harvey Agnew, M.D., *Possible Effect of Health Insurance on Hospitals*, "The Canadian Hospital", (March, 1944).

—Hon. Paul Martin

Fig. II



Health Services in Newfoundland

HEALTH services in Newfoundland have their own peculiar problems, not the least of which is geography. There are more than 1,500 settlements scattered over a coastline so long and indented that it has never been accurately measured, but the more conservative estimates consider it to be at least 6,000 miles in length. Distance, isolation, thinness of population, together with lack of transportation facilities, all contribute to the difficulties of getting service to the individual in time of need. In spite of this, a surprisingly large proportion of the population is within reach of acceptable

emergency and hospital service, but in many areas domiciliary medical service is available only with great difficulty.

The director of medical services, who is responsible to the minister, administers all medical and nursing services of the province which has a population of roughly 330,000. The major medical institutions are all located in the capital, St. John's, on the east coast. The St. John's General Hospital contains 394 beds; the sanatorium has 351; and the Hospital for Mental and Nervous Diseases has a bed capacity of 630. There are also two private hospitals in the city:

St. Clare's Mercy Hospital operated by the Sisters of Mercy and Grace Hospital operated by the Salvation Army, both of which accept certain classes of cases paid for by the province.

The city has, in addition, an isolation hospital with bed accommodation for 50 patients and a veterans' hospital of 60 beds.

Pulp, paper, and mining companies at Corner Brook, Grand Falls, Buchans, and Bell Island operate hospitals of 28, 20, 10, and 6 beds, respectively. At Corner Brook on the west coast, a new 104-bed institution, Western Memorial Hospital, is nearing completion, the result of close co-operation between the company and the local population, with a large subsidy from the provincial government.

There are some 14 districts outside the capital organized on a contributory fee basis and centred around cottage hospitals. It is proposed to extend this service to other districts in the near future. There are 52 part-time medical health officers and 25 full-time district nurses.

The contributory cottage hospital scheme is the backbone of the medical service to the outlying population. The head of each household pays an annual fee of \$10.00 and for this he and all de-

From an article by James McGrath, M.D., Assistant Director of Medical Services for Newfoundland, published in "Canada's Health and Welfare" in August, 1949, with additional data and illustrations, supplied by Leonard Miller, M.D., Deputy Minister of Health.



St. John's General Hospital, St. John's



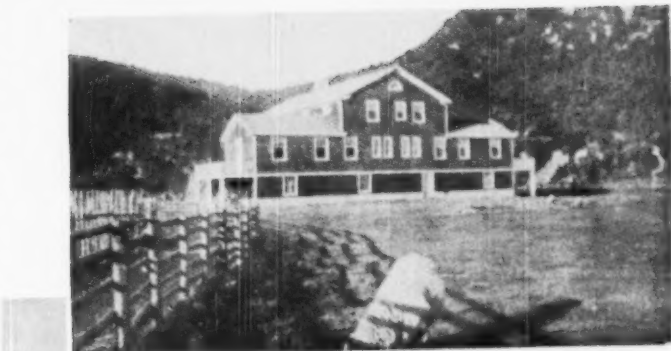
Above: Burn Cottage Hospital and doctor's residence.



Right: Burgeo Cottage Hospital.

pendent members of the family receive all necessary medical service, including hospitalization. If there are other adults in the family earning independent incomes they pay a personal fee of \$5.00 a year. If a patient has a serious condition beyond the scope of the cottage hospital facilities he will be admitted to a larger hospital in St. John's without charge and patients have been sent as far as Montreal for brain surgery under this scheme.

The district nursing service was primarily designed to bring nursing and a degree of medical service to isolated and thinly populated areas where there is no resident doctor. Some nursing districts are in association with cottage hospitals but many are not and have to deal with their problems as best they can with the resources immediately available to them. This division has suffered more than any other from the shortage of nursing personnel which has been so marked in the past few years. Many places that formerly had nurses have had none since 1946, and many areas where there is a crying need of nursing service have had to be refused be-



Above: Placentia Hospital.



Left: Nursing Station at Rencontre West.

cause of the difficulty of keeping up services already established. It is the policy of the department to extend this service as widely as possible when availability of personnel makes it feasible.

In the meantime, ninety student nurses are admitted annually to training schools at St. John's General, St. Clare's Mercy, and the Salvation Army Grace hospitals. In addition to lectures and practical instruction at these hospitals, there is compulsory supplementary instruction at affiliated tuberculosis, isolation, and mental disease institutions.

Nursing stations do not pretend to act as hospitals. They are essentially headquarters for the nurse with a couple of beds available for difficult maternity cases or for cases that require supervisory observation. One of these nursing stations, Port Saunders, is really a small hospital and has greater facilities than the others. Nursing stations are located at Port Saunders, Remea, Garnish, St. Brides, and Lamaline.

The International Grenfell Association, operating in Newfoundland for over fifty years, owns and operates a 112-bed hospital at St. Anthony and six smaller hospitals and nursing stations in Northern Newfoundland and Labrador. With practical encouragement from this Association, the Notre Dame Bay Memorial Hospital was erected by the local inhabitants 25 years ago.

(Concluded on page 86)

Distribution of Hospitals



On the map the 14 government-owned cottage hospitals are marked "X" (see key). The mark "O" indicates non-government institutions. Hospitals in the city of St. John's are not indicated here.

Key

- Brookfield Hospital, Bonaville Bay.
- Bonaville Hospital, Bonaville Bay.
- Come-by-Chance Hospital, Trinity Bay.
- Old Peavey Hospital, Trinity Bay.
- Markland Hospital, Whitebourne.
- Placentia Hospital, Placentia Bay.
- Burin Hospital, Placentia Bay.
- Grand Bank Hospital, Fortune Bay.
- Harbour Breton Hospital, Fortune Bay.
- Burgeo Hospital, South-west Coast.
- Stephenville Hospital, St. George's Bay.
- Norris Point Hospital, Bonaville Bay.
- Botwood Hospital, Botwood.
- Gander Hospital, Gander.

La Rareté

des Anatomo-Pathologistes— Ce Qu'il Faut Faire

LE développement actuel des activités hospitalières présente un problème beaucoup plus complexe que celui de la simple construction des hôpitaux. L'organisation de services adéquats est tout aussi important que la question du nombre de lits. Car à quoi bon un grand nombre de lits si on ne peut compter sur un diagnostic suffisamment établi et sur un traitement bien éclairé? La présente rareté d'un personnel hospitalier entraîné n'est peut-être qu'un présage d'une crise encore plus aiguë qui surviendra quand le nombre d'hôpitaux augmentera.

Il y a, en particulier, pénurie d'anatomo-pathologistes comme le savent bien les administrateurs d'hôpitaux. Et cela, même si de nos jours le champ d'action de l'anatomo-pathologie tend à s'étendre. Cependant, très peu de jeunes médecins songent à se préparer en vue de remplir les fonctions d'anatomo-pathologiste. Il y a plus: beaucoup de nos pathologistes entraînés (déjà trop peu nombreux) se dirigent vers les États-Unis. Pourquoi? L'Association des Pathologistes de l'Ontario a créé un comité d'enquête pour rechercher les causes de cet état de chose. Cet article s'adresse aux administrateurs et aux directeurs d'hôpitaux pour les mettre au courant des faits découverts par ce comité et pour leur présenter des suggestions.

Service Vital

En général, le pathologiste est le directeur d'un service important dans l'hôpital. Comme tel, il devrait occuper une position égale à celle des chefs des autres services. Comme son action embrasse les autres départements, il devrait faire partie du Bureau Consultatif de l'hôpital.

*Traduction par Simon Lauze, M.D.,
Hôpital Notre-Dame, Montréal, d'un
article qui parut en anglais dans ce
journal au mois d'octobre.*

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Depuis quelques années, comme les autres membres du personnel hospitalier, le pathologiste a été submergé par la routine. Pour alléger son fardeau, on devrait lui procurer de l'aide tant professionnelle que technique et lui consentir des vacances convenables. Il devrait lui être loisible d'assister aux congrès scientifiques et de suivre des cours post-scolaires. Il est inutile d'insister sur l'importance pour un laboratoire d'adopter les dernières méthodes qui ont fait leur preuve. L'allègement de la routine quotidienne permet de penser et favorise la recherche; la recherche vivifie l'esprit de l'hôpital tout autant que celui du chercheur. C'est là la différence entre un hôpital satisfaisant et celui qui laisse sa marque à la postérité.

La Question de Salaire

De nos jours, un pathologiste est un spécialiste reconnu dont la période d'entraînement se compare à celle des autres spécialistes. Malgré cela, pour des raisons inexplicables, après plusieurs années de préparation, le pathologiste reçoit un traitement inférieur au revenu net d'un praticien de médecine générale et de beaucoup inférieur au revenu d'un autre spécialiste. Ses émoluments sont souvent moindres que ceux des autres spécialistes employés à plein temps par les hôpitaux, e.g. les radiologistes.

Il n'existe pas de formule de rémunération applicable à toutes les institutions. C'est vrai. Mais si on doit encourager davantage les jeunes médecins à étudier la pathologie et si on veut garder ceux que nous avons entraînés, il faut de toute nécessité leur accorder des appointements comparables à ceux que reçoivent les au-

tres spécialistes. Que ces appointements soient sous forme d'un salaire fixe, ou d'un salaire plus un bonus, ou encore d'un salaire basé sur le revenu du laboratoire, cela n'a pas d'importance pourvu qu'en définitive, le montant soit en rapport avec le coût actuel de la vie.

La plupart des pathologistes croient, et à juste titre, qu'ils peuvent faire le travail de laboratoire pour un hôpital de l'extérieur et en recevoir une rémunération. La majorité favorise un plan de paiement basé sur les revenus du laboratoire, quand la chose est praticable.

Augmentation du Revenu du Laboratoire

La plupart des pathologistes sont bien au courant de l'augmentation du fardeau financier des hôpitaux tout comme la plupart des administrateurs sont au courant des problèmes des pathologistes. Pour procurer l'équipement nécessaire à un laboratoire et pour payer un salaire judicieux à son personnel, il faut que les services du laboratoire soient bien rémunérés. Une enquête récente faite par l'Association des Pathologistes de l'Ontario a révélé une forte marge dans la charge faite pour tel ou tel examen. La plupart des honoraires étaient bas, beaucoup plus bas que les tarifs de l'Association Médicale de l'Ontario ou du Département des Vétérans. Les tarifs de ces dernières associations semblent justes et raisonnables. Dès lors, l'Association des Pathologistes de l'Ontario croit que ces taux devraient être acceptés comme barème. Si le laboratoire d'un hôpital reçoit un revenu adéquat pour son travail, il pourra se procurer des facilités de travail (local suffisant, équipement adéquat, personnel entraîné) et il pourra mieux payer son pathologiste. Ce qui en stimulera plusieurs à entreprendre l'étude de cette spécialité.

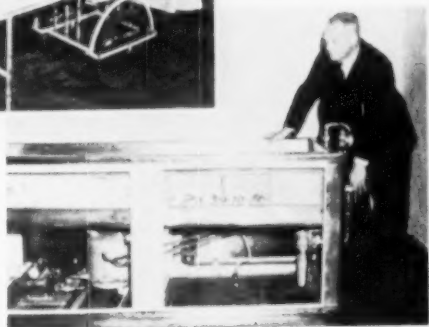
Ces dernières années, les administrateurs se sont montrés sympathiques aux idées qui viennent d'être exposées. De plus en plus, les institutions comprennent les problèmes du laboratoire et accordent à leurs pathologistes des locaux plus spacieux, un personnel auxiliaire plus nombreux, et de meilleures rétributions. Il faut espérer que l'exemple de leur prévoyance saura entraîner tous les hôpitaux canadiens à leur suite.

THE CANADIAN HOSPITAL

Australian Inventions

to

Lighten Nurses' Tasks



Left: Patient about to be moved to elevated floor of hoist bath.

Right: Hoist bath with sides open to show mechanism.

THREE inventions, designed to minimize much of the manual work in hospital nursing and to facilitate certain forms of medical treatment, have been developed in Australia by the engineering staff, under E. O. Cartwright, chief engineer, of Austin Hospital for Cancer and Chronic Diseases in Melbourne.

The hoist-bath, perhaps the most important of these inventions, may be used for all patients who are difficult to bathe in plunge baths because of the lifting and handling involved. Operating on much the same principle as the hydraulic garage hoist, the hoist-bath has an elevating platform, forming the bottom of the bath, which can be raised or lowered. The patient is wheeled to the side of the bath and gently moved from

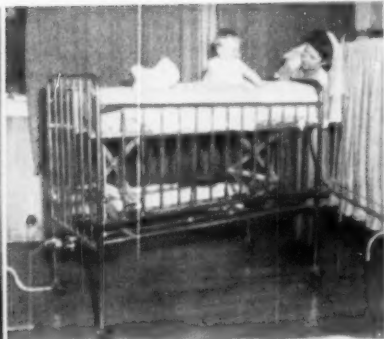
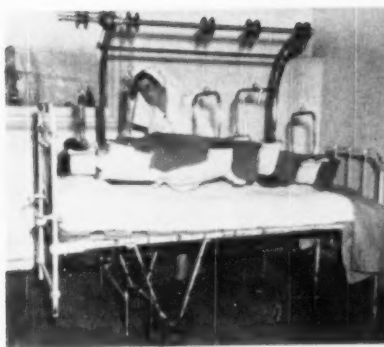
the stretcher to the platform, which then descends slowly under the patient's weight. The bath is filled from a thermostatically controlled water supply. When bathing is completed, the patient is raised again simply by depressing a lever. In the present design, which had undergone several modifications, the water main is the primary source of power, driving a pump which in turn compresses oil to actuate the ram of the bath.

In appearance, the second invention—the "patient-lifting apparatus"—is not unlike a set of boat davits. Mounted on wheels, the stainless-steel framework supports five adjustable canvas straps attached by wires to a set of pulleys. The straps can be easily slipped under the patient before he is lifted by an expanding pulley

powered by a one-ton automobile jack. This apparatus is of particular use for patients suffering from debilitation, paralysis, joint-disease, and obesity.

Designed for the children's ward at the hospital, the third invention is a cot with an elevating floor which may be raised flush with the top rails by a scissors-spring arrangement. The bottom of the cot is raised or lowered simply by moving a lever and greatly facilitates medical examinations and the care of small patients.

—Courtesy of the Press Attache, Office of the High Commissioner for the Commonwealth of Australia, Ottawa.



Left: Patient-lifting apparatus with straps under patient ready to be moved. Right: Shows infant on floor of cot, elevated mechanically to a comfortable working level.

Current Trends in Construction Planning

Part II

Charles F. Neergaard,
New York, N.Y.

SINCE our hospitals are built primarily for the patient, we should create for him an atmosphere and environment which will contribute to his recovery—cheerful surroundings, freedom from disturbing sights, sounds and smells, comfortable temperature, and good food. Comfort and quiet are more a matter of knowledge than cost.

Doors to patients' rooms should be hung to conceal the bed from the corridor and fitted with quiet anti-slam hardware. Windows and window sills should be designed so that the patient can enjoy the view. To protect the patient's eyes from highlights, hardware, plumbing brass, and curtain rods should be of dull chromium finish and no type of ceiling light used. Choose switches of the quiet mercury type. Lavatory faucets should be designed so that the stream or drip will not rattle down the drain but strike the china quietly. Air chambers to prevent water hammer, noiseless flush valves and swirling bowl rotors, and having no water and drain pipes in partitions at the head of the bed, are other advantages.

Leaving his room, the patient should find a bright cheerful corridor with light coloured walls and floors and large windows extending the full width and length of both ends of the corridor. Ceilings of the corridor, nurses' station, and service units should be acoustically treated to absorb sound.

Maximum sunlight and view in

solaria is ensured by low window sills 18 to 24 inches from the floor, and open terraces might be enclosed with safety glass panels instead of the usual solid high coping walls.

From experience we know where and how much acoustical treatment and what area of tiled warm-ups are required; that corridor walls and traffic corners should be protected against damage; that nurses' time and manpower must be conserved by intercommunicating systems, pneumatic tube conveyors, telautographs, et cetera, and what departments should be interconnected; how operating and delivery suites may be safeguarded against static spark explosions; how many metal cabinets should have locks, and so on.

Construction Features

The shell of the building represents about half of the total cost.



Charles F. Neergaard

Conventionally we have used 12-inch masonry walls with air space and furring, or a total thickness of from 16 to 20 inches. Progressive structural engineers are adopting new forms of construction which reduce the bulk, weight, and cost of the building: curtain walls 8 inches thick with adequate water proofing and furring have proved satisfactory in tall structures where the building code permits us to have 8 inches reinforced bearing walls. The insulated cavity wall has many advocates, and concrete is being used for precast exterior wall panels and precast roof and floor slabs.

Thin reinforced concrete floor slabs, with light weight aggregate, reduce the height and weight of the building and, if laid on smooth forms, will eliminate the necessity of plastering many portions of the ceiling. An insulating membrane between the slab and the fill for reducing sound transmission is being tested in the laboratory.

In the interior, too, appreciable savings in space and cost are possible. Conventionally we have used block or gypsum partitions which, plastered, are 4 to 5 in. thick. There are literally acres of partitions enclosing space, free from plumbing lines, where a solid 2-inch partition would be practical.

The patient's room must be enclosed against noise. We have been using successfully a light weight 4-in. Porex block of sandwich construction with a sheet of heavy paper built into the centre. This has a high sound insulating rating of 47 decibels, identical with that of the conventional double block partition 9 in. thick. The Porex block is 20 by 80 inches, can be laid up in half the time required for other materials, and has an equally effective plaster bond.

For finished floors a new Vinylite plastic tile looks very promising. It comes in a wide range of attractive colours and shapes and, while it has far more resiliency than asphalt tile, it costs but little more. Perhaps with this we can avoid the gloomy, noisy corridors where dark coloured asphalt tile has been used to save the few cents extra that light colours cost.

Insulated walls and windows should be a "must" in every building. Canada generally recognizes this,

From an address given at the Ontario Hospital Association Convention in November.

The author is a partner in the firm of Neergaard, Aycock, and Craig, Hospital Consulting Services, New York and Toronto.

thanks to the pioneering efforts of James Govan of Toronto, from whom I learned its value when we collaborated on the Prince Edward Island Hospital in 1932. In the United States, architects and engineers appear to have little conception of its possibilities and invariably maintain that it costs too much. In recent years, many of our buildings have substantiated Mr. Govan's findings that the reduction in the heating plant saves enough money to meet the additional cost of insulating the walls and double glazing the windows. The factor of summer comfort is far from negligible. Several tests with recording thermometers have shown an 8 degrees lower temperature in the insulated building than in an adjoining uninsulated structure.

Incidentally, a 3-in. Porex furring block is now being made with an integral vapour seal which effectively controls condensation. This, backing a 12-in. brick wall has a heat loss coefficient of around 1.

Many chapters in the history of hospital architecture and engineering are filled with inconsistencies and extravagances. One finds general hospitals designed for similar work with anywhere from 6,000 to 12,000 cu. ft. per bed, with an extreme of 26,000 in one lush medical centre. Ceiling heights, areas of rooms and wards, location of equipment, size of service units, and facilities for nursing, show wide variations when different plans are compared. Controlled square foot areas are now being used generally as a basis for the design of a new building.

In 1941 a group of us published a study entitled *Hospital Space Requirements*. This was the first comprehensive analysis of the areas needed in each department for 50-100, and 200-bed hospitals. The United States Public Health Service, in its *Elements of the General Hospital*, has presented a series of schematic unit plans and its *Design and Construction of General Hospitals* offers valuable suggestions, describing in detail areas, arrangements, equipment, materials, and requirements for mechanical services.

Murray Ross Appointed C.H.C. Assistant Secretary

Last month the Canadian Hospital Council announced the appointment of Murray W. Ross, business manager at the Royal Alexandra Hospital, Edmonton, to the office of Assistant Secretary of the Council.

Born in Saskatchewan in 1913 where he received his formal education, Mr. Ross entered the Saskatoon City Hospital in 1932 as clerk-secretary and within a few years had advanced to the position of chief accountant. In 1936 he was offered the post of business manager at Lamont

Public Hospital, Lamont, Alta., and, in 1941 was engaged in that same capacity at the Royal Alexandra Hospital, Edmonton. Associated with such men as the late Leonard Shaw, administrator of the Saskatoon City Hospital, the late Dr. A. E. Archer at Lamont, and Dr. A. F. Anderson, recently retired superintendent of the Royal Alexandra, Mr. Ross obtained excellent basic training and experience in hospital administration and organization and in public relations.

Mr. Ross is chairman of the Committee on Accounting and Statistics for the Canadian Hospital Council, is a past president of the Associated Hospitals of Alberta, and a former trustee and member of the executive committee of the Alberta Blue Cross Plan, to mention only a few appointments. He is a member of the American College of Hospital Administrators. Mr. Ross assumed his new duties with the Council this month.

Dr. Agnew (whose successor as Executive Secretary has not yet been announced) has stated: "It is a real pleasure to welcome Mr. Ross to the secretarial office. He is a young man of unusual ability and much promise and has already demonstrated a marked capacity for organization. His enthusiasm and genial personality will ensure for him a warm welcome in all provinces."



Murray W. Ross

The Mechanical Plant

The mechanical plant is usually the most extravagant part of the hospital. Each engineer has specified what he felt the hospital needed, and the ideas have varied widely. The more hospitals an engineer has planned, the more complex equipment, reserve capacity, and automatic gadgets he seems to call for. In the past, the average hospital has been overloaded with too large boilers, too much radiation, too many radiators, and too much mechanical ventilation—all costing too much money.

The U.S. Public Health Service has made available for the first time authoritative mechanical stan-

dards which will enable the architect and building committee to appraise the soundness of their engineer's recommendations. The mechanical section, as originally prepared by Charles E. Daniel, M.E., Consultant to the U.S. Public Health Service, included some exceedingly valuable yardsticks which, unfortunately, were omitted from the final publication. They offer such excellent checks on the heating system that I venture to give them here:

1. Boiler capacity may be estimated roughly at 1 H.P. per bed when the heat is figured at zero temperature.
2. Two-thirds of the boiler capacity is required for heating and one-third

for hot water, laundry, sterilizers, et cetera.

- Heat requirements may be roughly estimated at 1 sq. ft. of radiation to 80 cu. ft. of space for uninsulated buildings. When walls are well insulated the size of the heating boilers and radiators can be reduced approximately 25 per cent; if, in addition, windows are effectively double glazed, 50 per cent or approximately 1 sq. ft. of radiation to 160 cu. ft. of space.

These ratios are not theoretical but are based on hospitals on which Mr. Daniel and I have collaborated during the last 20 years. They were conservatively engineered, they had effective exhaust ventilation only, and they have worked. We have the records of 13 hospitals with a total of 2,800 beds, where boilers of one H.P. per bed or less have sufficed for winter load. The total boiler capacity, including stand-bys, averages but 1.4 H.P. per bed.

The potential reduction of the heating plant, given insulated walls and windows, is exemplified by the Hagerstown hospital, built in 1936, which has 1 sq. ft. of radiation to 156 cu. ft. of building, and by the Bethlehem hospital, built with double corridor in 1946, which has 1 sq. ft. to 200 cu. ft. Compare these with five recent hospitals which passed through our office, where insulation was omitted against our advice, and in which the radiation ranges from 1 sq. ft. to 47 cu. ft. to 1 sq. ft. to 99 cu. ft.

Engineers usually recommend two high pressure boilers of equal capacity. This, as the summer load is but one third of the total, means inefficient operation for six months of the year. The most economical plant for a 100-bed hospital would be a 70 H.P. steel hot water boiler and two 40 H.P. high pressure boilers, cross connected—one of the small boilers carrying the summer load and both serving as winter stand-bys. This saves 50 boiler H.P. in the original installation and ensures minimum operating costs the year round. May I cite two examples: A 135-bed hospital in Rome, N.Y., built in 1939, has adequate exhaust ventilation and three boilers as described above, aggregating 235 H.P.; a 135-bed hospital, now under construction in Virginia, has elaborate

fresh air ventilation and, in spite of design temperature 20 degrees higher than the hospital in Rome, the engineer specified 500 boiler H.P.

Mechanical Ventilation

Exhaust ventilation is essential to remove steam and odours and to keep the air in motion but, given plenty of windows, a forced fresh air system involving extra boiler capacity is rarely, if ever, justified. Even if a hospital shuts down fresh air fans to conserve expense, it must continue to operate the additional boiler capacity. Recently in one hospital, fresh air fans specified for the basement kitchen and laundry, both with windows, required 40 extra boiler H.P., or the capacity needed to heat the entire building.

Most engineers recommend a high vacuum vapour heating system which, if not maintained in perfect adjustment, soon takes on the characteristics of steam, the radiators being all hot or all cold. To the best of my knowledge, I have never seen a vapour system in a hospital living up to expectations; the operating engineer simply does not keep it tuned up.

In current practice, a closed system of circulating hot water heat is by far the best for a hospital. It has comfortable low radiator temperatures and is the most economical to install and maintain.

Panel or Radiant Heat

This form of heating, so widely used in England, represents the ultimate ideal. Warm water around 120 degrees circulates through coils in the ceiling and heats room surfaces instead of the air. It is clean, healthy, and in English experience uses 30 to 40 per cent less fuel than steam. There are no dirt-catching radiators or dust-bearing air currents to soil walls and draperies. A report on 42 English hospitals, covering 15-20 years' experience with an aggregate of 232 heating seasons, shows no leaks, repairs or cracks, and negligible ceiling discoloration. Control of water temperature in the boiler room proved sufficient; warmth was equally distributed and comfortable temperatures maintained. Most of our engineers are of the opinion that panel heating will cost

25 to 30 per cent more to install than radiators. A contract has just been let for a small hospital in Rhode Island where, thanks to the ingenuity and team work of the structural and mechanical engineers, the design calls for heating coils in a thin concrete floor slab, saving \$10,000 over the alternate bids for radiators. If we would combine panel heating with insulation, a wool instead of a cotton overcoat on our buildings, the heating plant might even pay dividends.

Co-ordinated Research

I have suggested a few of the thousand and one details that add up to a comfortable, efficient, and economical building. The problem is to get them embodied in plans and specifications representing, as they frequently do, departures from the architects' routine procedures and variations from the standard engineering textbooks and codes of the A.S.H.V.E.

In all fields of endeavour there inevitably exists a wide time lag between the discovery and perfection of new methods, materials, and equipment and their general adoption. During the war, the nation's scientists were mobilized and, in a brief period of three years, developed scientific resources that would have normally taken generations to accomplish.

In our hospital planning and construction we sorely need co-ordinated research and a clearing house for information. At the American Hospital Association convention held last year in Cleveland, I recommended the formation of a joint committee, representing hospital architects, engineers, consultants, and the Division of Hospital Facilities of the U.S. Public Health Service, to explore new products and innovations proved successful and economical in various projects but which are not commonly known. The authoritative endorsement of such a committee would bring more quickly into general use many major economies. The United States Senate has increased its appropriation for hospital construction, now providing \$1,000,000 "for research and studies of co-ordinating planning (Concluded on page 84)



Fragile Iceing

The Hobby Corner

18. Louis J. Notkin, M.D.

OUR readers, no doubt enchanted by the beautiful pictures reproduced on this page, will be interested to learn that the photographer is Dr. Louis Notkin, senior physician and gastroenterologist-in-chief at the Jewish General Hospital in Montreal. Perhaps the story of Dr. Notkin's introduction to that fascinating world of art, where illimitable avenues of achievement may be opened to the man of talent, may best be told in his own words.

"A hobby is like a contagious disease which, if one is exposed to it either accidentally or deliberately, may take or may not. If it does happen to take, the disease is incurable.

"I was first exposed to the 'virus' at the age of six when my father, for my amusement, used to draw weird birds and animals that fascinated me. Since that time I never lost my love for the pencil. At thirteen, I borrowed my brother's four-by-five camera and, in my eagerness to see the results, developed my first plates in full daylight. A few years later I acquired camera of my own and, since then, have never been without one. By dint of effort, I went from drawing to photography and then to painting.

"At an American Physicians' Art Salon held in San Francisco some years ago, I included with some oil canvas contributions a photograph



The Day's at the Morn

of the side entrance of the Church of St. Andrew and St. Paul in Montreal. This photograph, 'Portals of Peace', won first prize in its class—the virus had finally taken.

"I find that hobbies, especially photography, painting, and other graphic arts, serve the useful purpose of resting the mind and diverting it into channels away from one's work. Even failure presents a definite challenge and the development of new methods lends a great satisfaction. Here I found the 'vers-e-liché' very fascinating—a process related to etching, drawing and photography. I devised a modified method of my own which has the advantage of permitting the use of lines that

cannot be obtained with an etching point. My print, 'Rockport' is an example of this process. (See page 30).

"This is one disease, then, with which the doctor is entirely justified in inoculating his patients; I have done so in a number of my own cases with successful results."

No man is really happy or safe without a hobby, and it makes precious little difference what the outside interest may be—botany, beetles or butterflies, roses, tulips or irises; fishing, mountaineering or antiquities—anything will do so long as he straddles a hobby and rides it hard.

—William Osler

O Dona Divinissima

By J.K.M.D. (M.D.)

THOSE of us who have never had the misfortune to be confined strictly to bed in hospital have missed one of life's great experiences. One undergoes a rebirth although not exactly in the New Testament sense. Some of us as we grow older have developed that feeling of self reliance and independence which is the pride and glory of our western civilization, and perhaps medical men are about as independent as any other social group. However, once we find ourselves helpless on our backs in hospital we are forced to adapt ourselves to certain humiliating experiences which are calculated to completely deflate the ego (and the bowel). One refers to these arrangements designed to cope with certain inevitable physiological functions which are generally carried out in the strictest privacy anywhere else.

At first one may be too sick for those functions to occur with their accustomed regularity but sooner or later, decides that the time has come, and a laxative is administered with or without the victim's knowledge and consent. One may be rebellious and vow that one would rather be constipated for a month than use one of these (censored) contraptions (we refer to the B. P.) but fate is inexorable, and after a while certain uneasy feelings are noticed in the neighbourhood of the umbilicus which give us warning of impending catastrophe. We ring the bell and view with distaste the utensil that is thrust towards and under us. As the poets say: "Oppressit haurt endure", "Now's the day and now's the hour"; "He who hesitates is lost"; "Lay on, Mac-duff" (Apologies to Scott, Burns, and Shakespeare).

After the lurch pangs are over one realizes one is still all too intimately associated with something. Oh Horrors! How does one get out of this unaided? The

answer is, you don't! Gone are all those cherished feelings of self respect and independence and privacy. Attempts at self help merely result in the transference of certain organic material from one circumscribed area to several others and eventually the assistance of the orderly is required to get one out of this mess.

After the first devastating experiences one makes a vow to go to one's grave constipated and clean rather than to go on living this way. However, in spite of these noble resolutions, the autonomic nervous system, like the subconscious mind and the communist party, keeps on working in secret. Until like a volcano which, at first emitting only gases, suddenly bursts into eruption, the rebellious onards give unmistakable warnings and a hurried call for help is again necessary.

Fortunately even the lowest forms of animal life have the faculty to a greater or lesser degree of learning by experience and man is no exception. Thus, through force of dire necessity, one may acquire new or improved techniques, such as using artificial hands or legs—or even a bed pan. And so it goes on till eventually the demoralized victim is allowed antitechnical or parathalamic, or in short, bedside privileges, which means to use the bed pan on a chair

at the bedside as a first step to physical and moral rehabilitation.

The next stage of convalescence is to be allowed out of bed and use a standard toilet. Those who have always taken our modern sanitary fixtures for granted cannot realize the heartfelt appreciation one feels when seated on the throne for the first time after a prolonged acquaintance with bed-pans. One would be inclined to give it a far higher place in the roll of honour as a step in man's progress to civilization than the internal combustion engine or the wireless.

The foregoing is what one might call the normal progression, if one can use the word "normal" at all in such a connection. However, imagine if you can the plight of the patient with a fractured pelvis, or femur, or suffering from paralysis. Recently, a friend of mine, a godly man, was stricken by poliomyelitis and had to be flat in bed for weeks, being unable even to turn over. The poor patient had diarrhoea as well. What a combination! How or whether he remained godly I do not know, but I suspect that it must have been a great exercise in self-restraint, compared with which the labours of Hercules were a pleasant afternoon's diversion.

Improvements Needed

We cannot suggest how the business could be managed much better in the case of a helpless patient, but surely something better than a flat bed-pan could be devised, for patients who can sit up in bed.

How has mankind endured such a state of things for so long, especially in this very vocal age? Are we nice or men, or merely pan covers? Blessed are the meek for they shall inherit the bed-pan. If one may venture to parody the writings of the sainted Karl Marx without danger from atomic bombs, I would shout "Workers of the world arise! You have nothing to lose but your bed-pans!"

If the present pan were six inches deep instead of three inches, there would be at least an improvement. Many years ago commodes were common. They were wheeled chairs with a receptacle in the seat and were at least practical. Some-

(Concluded on page 85)



Steps Toward Effective Laundry Management

WITH the ever-increasing cost of labour, soaps, alkalis, starch, cottons, and all other laundry supplies, and also the cost of hospital linens, uniforms, coats, and table linen, it is becoming ever more important that the operating cost of the laundry department be reduced wherever possible. However, it must also be remembered that hospitals have a large investment in linens. Faulty laundry operation can run the institution into the loss of many thousands of dollars each year by shortening the effective life of fabrics.

Water Supply

Because the laundry uses more water than any other supply item, it is important that it should have a plentiful supply at all times. The water should be as free from impurities as possible. Hardness in the water is the most common difficulty met in laundry work. Hard water contains dissolved calcium or magnesium salts, present in various forms, which require different processes to remove them. When present as bicarbonates, they may be removed by heating. This is called *temporary hardness*. *Permanent hardness*, caused by carbonates, cannot be removed by heating.

Hardness is detrimental to the laundry for these reasons:

(a) Hardness destroys soap by separating it from the washing solution and leaving it as an insoluble curd.

(b) The sticky lime and mag-

N. P. Smith,
Laundry Manager,
Fort Qu'Appelle Sanatorium,
Fort San, Sask.

nesium soaps, which make up this curd, drop out of the water in the washer, picking up and carrying with them some of the dirt. Part of the curd settles to the bottom of the washer, but some of it catches on the clothes and is very hard to remove.

(c) The alkalis used in the washing process also form a solid substance or curd with the hardness in the water. These curds are not as likely to cause trouble as the soap curds; however, if they build up over a period of time, they will make the clothes harsh and grey.

Mechanical Water Softener

The importance of having a mechanical water softener in a hospital is emphasized by the fact that few, if any, commercial laundries are without one. In the latter, the water softener is considered to be as important as the washing machines. In addition, a hospital would have the benefit of soft water for washing dishes and for boiler feed water. This would reduce the cost of special feed water treatment, reduce scale, and result in an increased flow of hot soft water to the washing machines. When soap was 6 cents per pound, it was found to be economical to soften laundry water. With soap now at 16 cents per pound, it is even more important than ever that your laundry should have this equipment.

The hot water supply should be 180 degrees at all times; this tem-

perature level will save time, as one does not have to heat water in the washer, and will also save on the steam supply. Pipes should be large enough to fill the washers quickly so that the linens are not run in washers without water; to do so causes needless wear on the fabrics.

Meaning of pH

The pH scale is a device for making numerical representations from 0 to 14 of the acidity or alkalinity of solutions. All alkaline solutions have a pH greater than 7. To illustrate its use, steam is measured in pounds-working pressure per square inch. A steam engine will do its best work when steam is supplied at the proper pressure. Again an electric motor will do its best work when it has the proper voltage, or may we say, the correct pressure. Likewise in a laundry, alkali solutions exert "pressure" called pH. Control of alkali pressure, or pH, has come to have great significance in the washing of clothes, because if an alkali pressure (pH) is too low, it is not effective as a dirt remover. It is very important that an alkali be used that will build up and hold that pressure at from 11 to 11.5.

The strongest soap solutions have a pH of 10.2, while caustic solutions have a pH of 14. For safe washing, 14 is too high. The "break", or start, of the washing formula should have a pH of 11.2 to 11.5, and some alkali will have to be added to the first water or break to build up the pH. Your laundry manager should know the proper builder to use and with his testing kit should be able to say how much should be used, and when the water is right.

Washing Procedures

There are as many ways of washing clothes today as there are laundries. One way of washing is to overload the machines in a haphazard way, speed up the washing time, and use strong harsh supplies. This will, as a rule, give grey-looking laundry and cut down the life of the linen to a very large degree. The other way is to use care and time in the loading of the washers, take the proper length of time in the washing formula, and

From an address given at the Western Canada Institute for Hospital Administrators and Trustees, Regina, 1949.

use mild yet efficient supplies. This method of washing leaves the linen soft and clean with a snow-white finish. It also ensures much longer life and reduces the replacement cost.

There are other factors in good washing:

1. The human element. It is necessary that operators carry out the instructions of the laundry manager.

2. Machines should be in the very best possible state of repair. See that all valves are tight and that there are no leaks. If the machines are belt-driven, see that all belts are tight to ensure the proper speed of the washer. Lack of proper care can lead to accidents.

3. Soft water gives the best results in washing.

4. Care should be taken that the correct temperature is used and maintained for each operation.

5. Supplies should always be the best; these are not necessarily the most expensive.

6. Proper alkalies to suit the needs of the plant should be used.

7. Proper washing time for each load is a vital factor.

8. The load should be such as to ensure proper washing at the lowest expense and in the shortest time.

9. Titration tests should be made in order that the right proportions of alkalies be used in the washing formula.

Use of Chlorine Bleach

Chlorine bleach as used in laundries is a stock solution containing 1% available chlorine. Safe practice for the use of this bleach is two quarts per 100 pounds of linen. The temperature at which the bleach is used affects its activity; 160 degrees Fahrenheit is the most desirable bleaching temperature. Above 160 degrees, damage to the fabric occurs; below 160 degrees, the bleaching efficiency drops off. Maintenance of these standards is most important if good safe bleaching and stain removal are to result.

The actual bleaching is the result of the liberation of nascent oxygen from the water; a good suds bath built up in the washer before adding the bleach helps to

hold this gas in the bath and increases the bleaching effect.

Chlorine bleaches were formerly prepared from chloride of lime. One serious objection to this source was the fact that lime produced a hardness which often caused difficulties in rinsing. Special bleaching powders, such as sodium hypochlorite are now on the market. These are sold under various trade names. They are very satisfactory and they also eliminate the problem of hardness.

Liquid bleach can now be obtained from almost all supply houses and wholesale grocers. The liquid comes in 12% to 15% concentration and is now being widely used. To prepare a 1% solution of bleach from a 12% concentrate you have only to add 11 gallons of soft water to one gallon of concentrate.

Bleaching is used for the removal of stains and colour and should be well understood by all laundry managers. Bleach also serves another purpose—the removal of colloidal soil left after the suds baths have been completed. For this reason, it is important that bleach be used after the last

suds bath. It should also be remembered that bleaching has a strong sterilizing effect. Always keep in mind that a little bit is good, but too much will cause trouble.

It is very important that the washer load be properly rinsed after the washing, and the last rinse water should be very nearly back to tap water.

Sours

And now comes the sour bath. If this operation is undertaken before the clothes are well rinsed, or while some alkali is still in the fabric, sufficient salts will be formed by the neutralization that takes place to cause discolouration and also trouble in the finishing.

The sours used in laundries are usually made mostly from acetic acid, oxalic acid, sodium acid fluoride, ammonium acid fluoride, sodium silico fluoride, and ammonium silico fluoride. Each of these has its place. Some of the things a good sour should do are: remove iron rust, neutralize alkali, kill bacteria, neutralize chlorine bleach, increase the life of linens, prevent skin irritation, prevent graying, remove odours, prevent winter damage, and improve the feel of the fabric. Sours should not injure the fabrics and should dissolve quickly. They are compounded with various other ingredients to give the needed qualities. Sours are made for specific needs, and in compounding some characteristics may be eliminated. If a sour is needed for high-class finished work, such as nurses' uniforms, aprons, bibs, et cetera, where the water used has a high alkaline content, high acidity and rapid solubility would be needed and stain removal would have to be sacrificed. If stain removing qualities are wanted neutralization is sacrificed. In selecting a sour we can choose either proprietary sours or commercial chemicals; however, the basic chemicals taken singly may not have the qualities we need in a sour.

In selecting a sour, do not be misled by the results of titration or pH. If neutralization is all you need, it may be just that simple, but in most cases additional action

(Continued on page 70)

New Year's Carol

Awake! awake! The world is young,
For all its weary years of thought
The sturdiest fights must still be
fought.

The most surprising songs be sung

And those who have no other gods
May still behold, if they bestir,
The windy anathemae
Where dawn the timeless periods

I was beyond the hills, and heard
That old and fervent goddess call,
Whose voice is like a waterfall,
And sweeter than the singing-bird

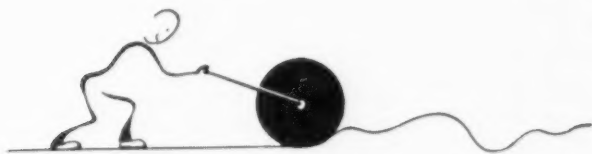
O stubborn gems of my youth,
Break down your other gods, and turn
To where her dauntless eyeballs
burn—

The silver pools of Light and Truth

James Elroy Flecker

Courtesy, Seeker and Warburg, London.
Reynold Saunders Ltd., Canada.

Courtesy Smooths the Path



To improve staff-patient relationships in his hospital, Dr. Lynn Gunn, superintendent, Shaughnessy Hospital, has been putting out a series of notices to his staff, similar to the following. Drawings are by courtesy of Miss E. Suvcezy, director, department of art and photography, Queen Mary Veterans Hospital.

EVERYONE who enters the doors of this hospital should be accorded courteous attention, for each individual is worried about himself or someone for whom he cares.

Admitting Clerks

The initial contact with a patient, a visitor, or anyone coming to the hospital, is the important and lasting one. If this contact is unpleasant, experience has proved that often complaints, justifiable and unjustifiable, are registered from then on until the patient is discharged. Each person in the admitting office should express the attitude of the hospital by rendering warm, cordial, courteous, efficient, and sincere service.

Telephone Operators

You talk to many people in a day. It may be a relative of a seriously ill patient or someone who is interested in the welfare of the patients. You have unlimited capacity for being "Goodwill Ambassadors" of the hospital.

Sometimes you may deal with people you think are rude. In the case of your co-workers, if they seem abrupt or rude, it is probably unintentional on their part, or due to the heavy pressure of their work.



Information Clerks

You are asked about everything imaginable, most of the time pleasantly but, on occasion, not so pleasantly. You know most of the answers, but when you are in doubt, you know to whom the question can be referred. Never say, "I don't know".

Nurses

You are the main "Goodwill Ambassadors" of the hospital. Many times you give more comfort to a patient by being courteous than through the medicines you administer. Try not to show it when you are annoyed. At all times, remember the welfare of the patient is in your hands!

To All Others

Each person working in the hospital, whether or not he comes in direct contact with patients, visitors, or the public, is essential to the smooth functioning of the entire organization. If one unit does not function efficiently and on a high standard, it certainly will affect other departments. No matter who you are, or what you do, *let courtesy be uppermost in your minds at all times.*

—D.V.A. Treatment Services Bulletin

Running Interference

A "TRUSTEE" is one to whom anything is entrusted, in our case, one to whom the management of a hospital is committed in trust for the benefit of others. It does not matter how we are made trustees, by election or appointment, the purpose is the same. Hospital trustees are directly responsible to the public, hence they are "the boss", if that is the word we want to use.

A group of men and women who constitute a board of trustees will appoint an official who is given the title of general superintendent or administrator. From here I want to make use of two words—the first, a word so often used in all hospitals, "operate". The board delegates certain responsibilities to the superintendent to operate the hospital. The well-trained superintendent will surround himself with an equally efficient group of officers, department heads, who will share the responsibilities entrusted to him by the board of trustees.

Staff organization, like a well-oiled machine, requires constant attention. Oiling must be a regular habit, so the superintendent must call the heads of departments together for regular lubricating periods. Since even the little store on the corner gets its complaints, we may expect to have a little non-lubricating material get into the machinery and then squeaks develop. If a squeak is allowed to go on, something will burn up. However, regular inter-departmental meetings are usually able to iron out minor difficulties. We cannot expect everything to run smoothly, and inevitably there is an appeal to "the boss", or the board of trustees, who must act as a pilot working with the captain to guide a craft through difficult waters.

We now come to the second word, or rather prefix, "co". Add it to my first word, and we have one of the best words in the English language—"co-operate", or work together. As we must recognize, the board of trustees

William Loveday,
Chairman, Board of Trustees,
Victoria Hospital, London, Ont.

is "the boss". From it must stem policy and final accomplishment, but the superintendent is the one official through whom all matters must pass before coming to the board and no matter should be passed on to any department except through him.

The responsibility of the superintendent is heavy, but he should not bring small matters to the attention of the board. If he does, there will soon develop running interference and no one will know where the authority actually rests. Good judgment on his part, as to what matters should be referred to the trustees for attention is perhaps the solution to running interference. Certainly trustees are keenly interested and should have definite information regarding new major policy developments, and if they are men of mature judgment, as hospital trustees should be, they can often give the hospital administrator valuable advice. Besides matters of major policy, the board should receive reports from the superintendent indicating the good and bad points of the hospital set-up; enough of the good points to encourage, and all the bad points, so that service to the patient and better management may become a reality. The trustee should know how the hospital engine is ticking, and whether there are signs of its requiring an overhaul job. This should in no way be considered running interference.

The possibilities for running interference are legion; between hospital employees in various categories, the medical staff, trustees, patients, the general public, vendors, contractors, and drug and instrument salesmen. If it is allowed to continue, as the words themselves imply, a situation will almost inevitably develop which will lead to poor co-operation and a resulting decrease in the quality of service to the patients. The patient must always be our first consideration, and with the right spirit of co-operation predominating there

will be few occasions to question "Who is the boss?"

With our present crowded conditions it is difficult for the public to realize fully or to appreciate our situation, and hospital boards and officials may be subject to criticism, particularly in municipally owned hospitals where statistics show a high percentage of patients who are non-residents. In such cases we must request co-operation from the public and this requires a great deal of tact and diplomacy on the part of both trustees and officials. The value of good public relations cannot be measured in dollars and cents but in the best service and combined effort that board officers and staff can give. This spirit of unselfishness must radiate from the board to its officials and staff, both medical and non-medical. Sources of inspiration to carry on this work will come not from a few grumblers but from the many well-satisfied patients and friends who express appreciation of a service well done in the restoration of health. This will be accomplished, not by running interference but by the spirit embodied in the Latin text, *Pro Utilitate Huminum*, for the service of mankind.

The day of miracles is not over. Almost every day something resembling a miracle is being enacted in this age of phenomenal scientific progress. In the health field new drugs are being discovered and new treatments developed. These require continual change in our methods and mechanical set-up which in turn demand the cooperation of all hospital personnel.

Truth

We may see the great religions, and all the independent beliefs standing, as it were, in a circle, some close together, some far apart. Within the circle stands Truth—nearer perhaps to one side, farther from another. If they turn their backs on her and each go in search of some distinctive way, the circle will grow wider and the faiths more separate. But if they face inwards and try to approach the place where Truth is, they will be drawn nearer together, and should they at last come within reach of her hand, they will find that they are able also to grasp each other's.—Lord Samuel

From an address to the Trustees' Section, O.H.A. Convention in November.

Food and Its Service

Sponsored by
the Canadian Dietetic
Association

EVER since man began congregating in groups for work, study, service, or war, the problem of feeding such groups outside the home has presented itself. As the size of the groups increased the problem grew. The search is still continuing for the perfect method of feeding the largest number of people at the lowest cost, to the satisfaction of all. Thus far the cafeteria is accepted as the probable solution and in recent years hospitals have been adopting this method of feeding doctors, interns, nurses, and other employees.

Employees and student nurses take readily to cafeterias, but objections are sometimes heard from graduate nurses who feel that meal-time is their one chance to sit down and be served, after waiting upon so many others. It is our duty to make such an improvement in the service that these minor objections will be forgotten.

Many hospitals have separate dining rooms for female and male help, student nurses, graduate nurses, interns, doctors, superintendents, and assistant superintendents. All these dining rooms increase the cost of operation. One problem is that of deciding which groups of people can be combined. Male and female employees can very successfully use the same dining room. Some observers feel that the behaviour of both is improved in this way. Where there is a training school, the advisability of allowing students and graduates to mingle at meal-time is doubtful. This problem has been successfully solved at St. Joseph's Hospital, Toronto, by allowing students and graduate nurses to pass through the same cafeteria line and carry the trays to adjoining but separate dining rooms.

Dining rooms on the same floor as the kitchen or source of supply have an advantage since this is frequently the ground floor. Wherever they are situated they should be central. Such factors as waiting for elevators or

walking long distances do shorten the meal period and will result in a hurried and strained meal. On the other hand, the way to the cafeteria should be pleasant as should the room itself. People like to look out the window while dining and see a pleasant vista or an immediate view of grass, flowers, and trees. They do not like to feel hemmed in by brick walls.

Advantages

Let us consider the advantages of cafeteria service. We shall not dwell on the point of economy of operation because that is conceded. The patron is served more quickly. He can take

wages comparable to those paid in industry and business gives the individual liberty to buy his meals where he pleases. The psychological effect is good. Meals may be paid for with cash as they are taken, or meal tickets may be issued. The former makes hiring a cashier necessary while the business of selling tickets may be taken over by some already established office. Tickets can be collected at the meal hour by any cafeteria employee.

Student nurses cannot be charged for obvious reasons. The evil of having a "coke" instead of a meal would be more rampant than ever.

Cafeteria Construction

Let us presume that you may have any space you want for a cafeteria. You would of course choose a bright well lighted place with plenty of ventilation, sufficient space, centrally situated, with the kitchen directly behind the service counter. Your cafeteria would be located near the locker rooms for the convenience of patrons. Its dining room would be spacious and the decoration bright and cheerful—perhaps done in peach, aqua, French grey, cream, or other colours which reflect the light. The pure white cafeteria, which used to indicate cleanliness, no longer appeals to us. The effect of colour is astonishing. In commercial places where a quick turnover is encouraged, shades of red and orange are used in the decorations because the operators know people will not linger where these colours abound. In the hospital cafeteria this is not the main objective.

The furniture should be modern, simple, practical, comfortable, and easily cleaned. Table tops should be stain resistant, heat resistant, and sound resistant. Some consideration should be given to the employment of sound proofing in whole or in part.

The shape of the cafeteria line will depend on the space available, the number and the complexity of the menus offered. A long straight counter was the original form and is still

Cafeteria Service in Hospitals

Muriel J. Westney,
St. Joseph's Hospital,
Toronto

what he wants, refuse what he does not want, see the food served before him and have his whole meal before him in a very short time. From the operator's point of view the cafeteria can be used with fewer personnel, fewer steps, and less wastage of food. An added advantage is the versatility and adaptability of the cafeteria. It can be used for buffet suppers and lunches and banquets can be served in its dining room.

I shall make no attempt to discuss financing or cost accounting. There is the ever-increasing feeling that the institutional policy of providing meals as part of salary is outdated. Paying

From an address presented at the meeting of the Ontario Conference, C.H.A., November, 1929.

found most practical in many institutions where a normal and fairly constant number is served. The next step in the metamorphosis of the cafeteria line is the hollow square with counters on three sides, where the patron need not stay in line if he does not desire a full meal. Double lines of parallel counters are often used in industry where large numbers are served in a relatively short time. This type is called a duplex. One side can be closed in slack periods and employees can relieve each other during lunch hour. The difficulty is that an employee cannot watch both sides of the counter at once, as she must have her back to some customer all the time. More recently we have seen in operation the inverted hollow square, with counters on three sides and kitchen or serving section enclosed in the centre of the square. Your choice will depend on space available, and many other points which are peculiar to your own requirements.

The speed and efficiency of the set-up will depend on the nearness to the kitchen, and to the dish-washing rooms. Cross traffic should be at a minimum and flow charts are useful. These charts, which are not necessarily to scale, should show the direction of the traffic from one centre to another. Such charts will be helpful

in tracing the flow from the preparation to the clearing up of a meal. They are helpful not only in making plans and placing equipment but can be used to increase the efficiency of a cafeteria already in operation.

Another problem is how much space to allow for tables and chairs. There must be sufficient space to prevent accidents as people move between the tables. Eight to fifteen square feet per person has been suggested by some authorities, depending on the type of table used. With long tables less space seems to be needed.

Arrangement of Food

Much discussion is heard about the arrangement of food on the counter. The original system seems to have been the logical order of the foods on the menu, with soup first, meat and vegetables, then the dessert and hot beverage. The most popular arrangement now is to have all cold dishes first and the hot ones last so that they will arrive at the dining room still hot in spite of a short delay in the line. The cold counter should be a really cold counter with refrigeration or cracked ice in evidence. Milk, salads, and juices have much more appeal when they are served cold, a point which cannot be over-rated.

Steam or electrically heated tables,

where hot foods are served piping hot, should be long enough so that there is no danger of congestion in the line. Hot soups, dinners, and entrees, should be served in front of the customer so that he will feel that the food has been served just for him. Too many dinners cannot be served ahead with the idea of saving time in the rush period. Otherwise, one of the purposes of the cafeteria is defeated. Hot beverages are placed last of all not only to keep them hot longer but to avoid spilling.

Placing the silver at the beginning of the line or at the end seems to be optional. When a complete set of silver is not required and the customer does not know how many articles of silver he will need, the place for the cutlery would logically be at the end. There is very often a delay where the silver is picked up. One way of getting around this is to have it not in the line but on another little table or counter opposite the hot counter. Space does not always allow for this arrangement.

(To be concluded in February)

Sacred Heart University Offers Degree Course in Nursing

A course of training which leads to a bachelor of science degree in nursing is offered by Sacred Heart University in Rathurst, N.B. The course is divided into four summer sessions of a month each, outlining the student's program of studies for the year, and periodical examinations are held by the University faculty.

The University faculty teaches the basic professional curriculum which includes philosophy, chemistry, physics, biochemistry, French composition and literature, English, and religion. Qualified professors from larger centres are engaged to give instruction in subjects pertaining to nursing administration. Among these are hospital organization, accounting, clinical instruction, sociology, mental hygiene, methods of teaching, and public speaking. Students shall attend these courses at centres determined by the university and a field trip of at least one month during the four years is required. Further information may be obtained by writing to the School of Nursing, Sacred Heart University, Rathurst, N.B.



Studying Ward Supervision

A course in nursing pedagogy and ward supervision opened last month at Hotel Dieu, Campbellton, N.B. Those enrolled, as shown above, number 36 sisters and nurses representing most of the hospitals in the northern section of New Brunswick. The course, which comprises a series of 32 lectures by Rev. Sister Jeanne Saint-Louis, S.G.M., of Youville Institute, University of Montreal, is given under the auspices of the Sacred Heart University at Rathurst, N.B. The latter university also sponsored a course in clinical teaching last July when the lectures were given by Rev. Sister Forest, S.G.M., of the Youville Institute.

Notes on Federal Grants

Cancer

The federal government has agreed to meet half of the cost of biopsy services for cancer patients in British Columbia, and half the cost of operating a Vancouver nursing home directed by the British Columbia Cancer Foundation. Biopsy services are given free to B. C. patients under the provincial hospital insurance scheme, and it is estimated that the cost will be about \$20,000 a year. The nursing home has been established for the accommodation of cancer patients from outside Vancouver who come to the city for treatment, and also for patients discharged from hospital who still need some measure of care.

Construction

The federal government has made grants amounting to approximately \$461,200 to help hospitals in Ontario meet their construction costs. The Mount Sinai Hospital, Toronto, with a bed capacity of 351, is to receive \$379,600. At Smooth Rock Falls, the new 17-bed hospital is to be granted \$17,000. The Misericordia Hospital, Haileybury, is converting its chapel and living quarters into space for 26 beds and has been allotted \$26,600. The sum of \$38,000 has been set aside for the new 38-bed Memorial Hospital at St. Mary's.

The federal government is going to contribute \$142,000 towards building costs of the new 142-bed Sherbrooke Hospital, Sherbrooke, Que. In Quebec City, a 182-bed wing is being added to l'Hôpital de l'Enfant-Jésus, which is to receive a grant of \$159,300.

Grants amounting to \$443,000 have been made to 2 hospitals in Newfoundland. The St. John's Sanatorium, which is being enlarged to provide accommodation for 116 more patients, has been allotted more than \$42,000. The sum of \$411,000 has been set aside

for the Hospital for Mental and Nervous Diseases, St. John's, which is to be enlarged by 274 beds.

Two grants totalling more than \$400,000 have been approved by the federal government to aid in providing additions to mental hospitals at Cole Harbour, N.S., and Portage la Prairie, Man. At Cole Harbour, a new building, which will house 210 patients, is being added to the Halifax Municipal Hospital. The federal grant will be \$300,000. Accommodation for 282 more persons will be provided in a new building at the Manitoba School for Mentally Defective Persons at Portage la Prairie. The construction grant from the federal government will amount to \$316,000.

More than \$95,500 has been allotted in federal grants to 3 Saskatchewan hospitals to help construction projects. L'hôpital Ste. Thérèse, Tisdale, which has converted its staff quarters to provide space for 16 extra beds, is to receive \$16,000. Victoria Hospital in Prince Albert has completed construction of an addition with accommodation for 20 more patients, but since work on the addition was begun prior to the inauguration of the national program, the grant is on a percentage basis and amounts to only \$4,600. The Regina General Hospital, which is constructing an addition to provide beds for 192 active treatment patients and 62 chronics, is to receive a grant of \$75,000.

Mental Health

A variety of projects to improve mental health services have been approved by the federal government under terms of the national health plan. Funds have been allotted to pay the salary of an additional social worker for the Regina mental health clinic and those of two nurses for the Monroe wing of the Regina General Hospital.

A grant has been made to buy

equipment for the new neuropathology section at the Nova Scotia Hospital and for the training of a technician to work in that department. With the aid of federal funds, a social work department will also be established in the hospital. A grant has been approved for the psychiatric section of the Victoria General Hospital, Halifax.

Federal funds have been allotted to provide salaries for three additional ward aides at the Hospital for Mental and Nervous Diseases, St. John's, Newfoundland. One will assist the laboratory supervisor, the second will aid in the administration of insulin therapy, and the third will assist the dentist at the hospital. A federal grant has also been authorized to provide transportation facilities which will enable the hospital to improve its out-patient service.

Brandon Hospital for Mental Diseases has received a grant to buy operating-room equipment and drugs to be used in narco-analysis, and to expand its leucotomy service.

Personnel

The federal government has approved a grant of \$23,800 to aid in financing a training centre for 30 nursing assistants, which is to be established at Fort William. The federal grant will provide for the purchase of equipment and supplies, for the salaries of both full-time and part-time staff, and for the wages of trainees during their course of study.

To provide special training in tuberculosis control, 3 persons in New Brunswick have been awarded bursaries. A doctor, who is to hold the position of district medical officer, will take a 3-months' course at the Moncton Tuberculosis Hospital; and the superintendent and the senior clinician of the above-mentioned hospital will each take a short refresher course in medicine and surgery at Dalhousie University.

Bursaries have been awarded to two Manitobans, one of whom will take a 3-months' course in physiotherapy at the Children's Rehabilitation Institute, Cocksville, Maryland, and the other will take a short

course in the serological diagnosis of syphilis at the Laboratory of Hygiene, Ottawa, and the provincial laboratories in Montreal and Toronto.

To assist in training skilled personnel for new mental health and public health services, the federal government has awarded a number of bursaries. In Saskatchewan, a technician who is to be employed in the Munroe wing of the Regina General Hospital is taking a 6-months' course in the operation and maintenance of the electroencephalograph; a nurse from the Provincial Mental Hospital, North Battleford, is taking a year's course in supervision in psychiatric nursing; and an occupational therapist from the Saskatchewan Mental Hospital, Weyburn, has received a bursary for a short course at the Banff School of Fine Arts.

Bursaries have also been awarded to 9 nurses. Three are from the staff of the Brandon Hospital for Mental Diseases and are taking courses in the teaching and supervision of nurses. The other six, also Manitobans, are taking a year's course in public health nursing with special emphasis on tuberculosis control.

The supervisor of insulin therapy at the Hospital for Mental and Nervous Diseases, St. John's, Nfld., has been awarded a bursary to enable her to take a refresher course at the Ontario Hospital, New Toronto.

Public Health

Federal funds have been set aside to pay the salaries of three sanitary inspectors for the Selkirk, St. Boniface, and Brandon health units, and the salary of an additional sanitary inspector for the "environmental sanitation section" of the Manitoba Department of Health and Public Welfare. The latter will work in areas outside organized health units.

The federal government has set aside funds to help meet the costs of a preventive orthodontia clinic and laboratory which is to be set up in the Hester How School, Toronto. The grant, which amounts to more than \$15,800, will pay the cost of equipping the clinic and laboratory, two operative dentistry units, an oral surgery unit, and a complete dental x-ray unit, as well as providing the salaries of a full-time orthodontist, an ortho-

dontic technician, and a dental assistant.

The government has agreed to pay the cost of equipping new offices for the public health nurses and sanitary inspectors at Baddeck and St. Peters in Nova Scotia. These offices will be used for clinics and for public health meetings.

Money has been allotted by the federal government to pay the salary of the newly-appointed director of health education in Newfoundland and to enable her to spend a month in Manitoba observing the health education organization there.

Tuberculosis

The federal government has agreed to buy a portable x-ray unit to be used for mass tuberculosis surveys in Newfoundland. In the summer, the equipment will be used on the Newfoundland Tuberculosis Association's boat, and during the winter, in St. John's and other large centres. Funds have also been set aside to provide transportation services to enable visiting nurses to keep in touch with patients being treated at home and also to bring patients in from isolated points for re-checking at the travelling x-ray clinics. A federal grant has been approved to pay the salary of a rehabilitation officer who will arrange for the training of convalescent and cured tuberculosis patients and will assist in their placement after discharge from the hospital.

The federal government has granted \$6,000 from its national health funds for expanding the tuberculosis control centre in Saint John, N.B. The Saint John Tuberculosis Association has bought a new building; federal funds will be used to purchase equipment and to provide the salary of a librarian. Federal funds have also been earmarked to pay the salaries of an instructor at the Moncton Tuberculosis Hospital and of a laboratory technician at the Jordan Memorial Sanatorium, The Glades, N.B.

Without a proper plan for the discharge of patients from hospital, unnecessary readmission to hospital will of necessity occur.

—Mrs. Edith Pringle.

Commissioner Hershey Resigns

Dr. J. M. Hershey has tendered his resignation as Hospital Insurance Commissioner for the Hospital Insurance Service of the British Columbia Department of Health and Welfare.

In a release issued to the press Dr. Hershey stated:

"Over the past nine months I have on a number of occasions written to the Hon. George S. Pearson, Minister of Health and Welfare, concerning matters of policy, and recommending that changes be made to strengthen the internal administration of the hospital service.

"My recommendations are substantiated by minutes of various meetings and reports. More recently I wrote to the Minister recommending a survey, which is at present in progress. This survey of internal administration (by James Hamilton and Associates) has been in hand for

over a month and since I have received no assurance that the chief changes I recommend will be forthcoming, I have no alternative but to resign as Commissioner."

The mounting of costs beyond the degree anticipated by the Government during the first year has been a matter of considerable concern to the Minister, the Hon. George S. Pearson, and to the Commissioner. Higher rates were announced some time ago but it is apparent that these will not be adequate to meet costs. Mr. James Hamilton and a group of his associates are now making a study of the internal administration of the plan which has presented a number of very difficult problems, not the least of which has been that of developing on short notice a competent staff and adequate machinery to handle the many situations created by the new hospital insurance arrangement.



Walking Casts

were first used by

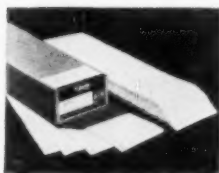
..... Krause

In 1887 the German orthopedist introduced them for fractures of the leg, making possible continuous exercise of the plaster-encased limb during osseous repair.*

The Walking Cast—modified—used today is made of much finer materials. For modern cast therapy benefit from such suited-to-the-purpose products as Curity Osteic Plaster Bandages and Splints. Made of best-grade plaster-of-Paris, bonded to Osteic Crinoline, these modern bandages and splints deliver 90 per cent of the original plaster to the cast, compared with 65 per cent delivery for loose plaster bandages.

Greater strength, less time and expense: Curity Osteic Plaster Bandages and Splints wet out, set and dry quickly. With uniform plaster distribution (relatively undisturbed by handling) and quick drying, you achieve stronger casts but use fewer bandages. Precise anatomic molding is possible. See for yourself the excellent results you can obtain with the Curity Osteic Plaster line!

**Monro, J. K.: The History of Plaster-of-Paris in the Treatment of Fractures. British J. Surgery, 23: (1904) 257-266 (October), 1935.*



CURITY OSTIC PLASTER LINE

Bandages • Splints • Deodorizing Bandages

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◀ Health Care Plans ▶

Moncton Group Discontinued

The Moncton Group Hospitalization Service Commission, which has been in operation since 1937, was discontinued in November. Members were invited to transfer their membership to the Maritime Hospital Service Association. The latter plan (Blue Cross) offers not only prepaid hospital care but the privilege of adding medical and surgical coverage as well.

Survey of U.S. Health Services

The Brookings Institution, Washington, D.C., has begun a survey of hospital and medical care in the United States covering all organizations providing health services. The survey data will be published in 2 volumes, the first of which will be a complete report of the medical care now available and the existing and potential provisions for meeting the cost through insurance or prepayment plans and, in the case of those who cannot pay, through public services or private philanthropy. The

second volume will be an evaluation of the plans now in operation and those which have been proposed.

Council of Blue Cross Plans Meets in Winnipeg

The annual meeting of the Canadian Council of Blue Cross Plans was held in Winnipeg from November 6th to 8th. Public Relations was one of the topics discussed at the meeting, and a Policy Committee was set up to study Blue Cross public relations on a national basis.

A. J. Swanson was appointed Chairman of the Governing Board for the coming year and the following will form the Executive Committee:

Commissioner: E. D. Millican, Executive Director, Quebec Blue Cross Plan.

Chairman: D. W. Ogilvie, Deputy Director, Ontario Plan for Hospital Care.

Hon. Secretary: Ruth C. Wilson, Executive Director, Maritime Hospital Service Association.

Hon. Treasurer: J. A. Monaghan, Executive Director, Alberta Blue Cross Plan.

Change in Australian Health Program Probable

Health Minister Sir Earle Page has indicated that one of the first measures of Australia's new government may be to implement a revised national health program. The Minister plans to call a conference of doctors, dentists, and nurses, early this month to break the deadlock which developed between professional bodies and the previous Labour Government when free medical care was introduced in June, 1948. Nearly 6,000 doctors boycotted the present program.

Blue Cross and Employee Relations

The Blue Cross Plan for Hospital Care has been one of the most successful projects in employer relations in which this company has participated. In jointly sharing the subscription cost with the members of the staff we are convinced we are making a worthwhile investment in human welfare. No personnel policy, however well constructed, can be considered adequate unless it makes provision for the unpredictable misfortune of hospitalization.

In the final analysis it is the individual who counts, so that no collective statistics which chart the odds against hospitalization can offer much compensation to the person faced with the financial anxiety of sudden illness.

Membership in the Blue Cross Plan is the best way we know of sharing hospitalization cost so that no one individual bears an unduly heavy burden.—*F. G. Burton, President, Robert Simpson Co. Ltd., Toronto.*

Sir Harry Lauder tells about an old Scottish woman who was always known for her goodness, and was never known to say an unkind word about anyone. Her friend, Mrs. MacPherson, said to her one day, "Jean, I do believe ye'd say a guid word for the devil himself."

"Ah, weel," was the reply, "he may nae be sae guid as he might be, but he's an industrious body."



Value Received!

The five children, pictured above with their parents and nurses, were recently admitted to hospital to have infected tonsils removed. Hospital costs were covered by the Ontario Plan for Hospital Care.

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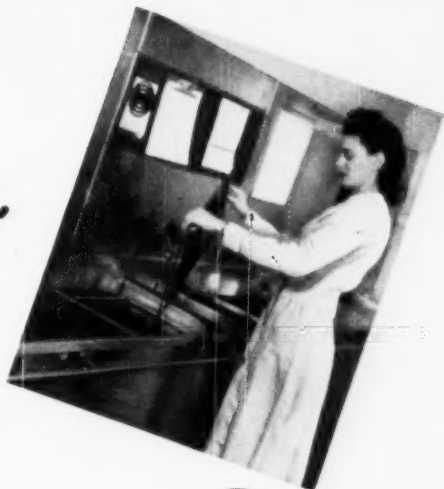
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Hospital and Professional Liability

Three Canadian Legal Cases

The following legal cases of interest to hospital people have been brought to our attention recently. These have been summarized from law reports through the courtesy of S. N. Shatz, K.C., Toronto, solicitor for The Canadian Hospital Council.

Duty to Caution

THE plaintiff, on the advice of his doctor, had all his teeth extracted by a dentist. A few hours after the operation, bleeding having almost stopped, he was sent home. The socket of one molar continued to bleed, but the patient made no effort to stop it for about 24 hours apparently under the impression, encouraged by his friends, that it was beneficial. Eventually, becoming very weak, he was taken back to hospital by his family and was ill for some time.

He alleged negligence against the dentist in not taking precautions against bleeding (and apparently, *arguendo*, for not warning him against it).

Held: the true cause of the damage was the plaintiff's own lack of wisdom in allowing bleeding to continue too long without seeking assistance.

Seemingly: there may be cases where it is the duty of a doctor or surgeon to warn patients as to the meaning of possible future symptoms, but any adult of sound mind must be considered to be aware of the danger of continued loss of blood.

Comment: This case was held before the Supreme Court of Newfoundland (July, 1949). The Judge stated that it was a most unusual action, not so much in its general nature, which concerned the alleged negligent performance of a contract by a professional man, a dentist, but with regard to the special form which the negligence was said to have taken. There were no cases on the subject,

so the Judge had to rely on general principles in coming to a decision. Skill in performing the operation itself was not at issue. The accent was placed on lack of prevention rather than on positive causation.

Under the circumstances, it would seem that the plaintiff's failure to take the proper action at the proper time amounted not merely to what would be contributory negligence if the defendant himself had been found guilty of any, but was in fact the sole cause of his misfortune and consequent loss. While it might possibly have prevented any trouble at all if the defendant or the nurse had given him express and explicit instructions on the subject of bleeding, it would (I believe) be altogether extreme and unsound in law to say that it was part of their duty to do so and that its omission amounted to negligence.

Specialist Required

A higher degree of skill than that of a general practitioner is required of one who holds himself out as a specialist in medicine.

Dr. H treated the plaintiff originally for phlebitis on the back of the left leg which responded quickly to treatment. In November, 1944, he began treating the patient for eczema on the back of his knees and upper calves. Between 1944 and 23 treatments had been given by January 19, 1948. On this day Dr. H used for the treatment a different x-ray apparatus, called a contact and cavity therapy apparatus, which was the only x-ray machine he had in his office that day. It was there on trial and the defendant admitted that that was why he used it. It was not designed to treat eczema and he himself had never used it for that purpose before. Manufacturer's literature indicated that it had an output at

contact of 4,000 Roentgens per minute and was primarily for the treatment of cancer.

Letters followed: First Dr. H recommended treatment which the patient followed, and finally the plaintiff placed himself under the care of another doctor who sent him to the hospital suffering from 3rd degree burns. At the time of trial he could not straighten his knees due to scar tissue which had formed on the skin and cords of his knees.

The evidence showed that Dr. H had not applied the machine according to instructions and that he had miscalculated the dosage.

The plaintiff was permanently disabled. He was awarded \$16,000 damages and \$457.01 for hospital bills, drugs, doctors' fees, and hired help.

Professional Negligence

Following operations for the removal of tonsils and adenoids, performed by Dr. X in the defendant hospital, the five-year old son of the plaintiff died of suffocation because, after the second operation, a sponge was left at the base of his nostrils. Dr. X knew there were available upon his request sponges with tapes attached and also the services of a nurse to count the sponges used. He took advantage of neither safeguard for checking the sponges. Expert testimony brought out that it was not the general practice to use sponges with tapes.

After the second operation, Dr. X asked the assistant surgeon whether all the sponges were out, and he answered that he did not know. Then Dr. X felt first with his forefinger and later with forceps but no sponge was found. (Defence held that failure to find this sponge was not due to not exercising reasonable skill and care.)

The father of the child sued for special damages and also for general damages under Trustee Act R.S.M. 1940 ch 221.

Qua Hospital and Nurses: Having examined all circumstances surrounding the treatment of the child, the hospital and the nurses were judged not liable. They performed all services which they were called upon to do in a proper and efficient manner. The child seemed to be all right when he left the operating room. A junior

(Concluded on page 82)

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With the Hospitals in Britain

By "LONDONER"



C. E. A. Bedwell

Dear Mr. Editor:

The financial condition of Great Britain is of such world-wide interest at the present time that it seems desirable to devote one of these letters

to the position of the national health service in that connection.

At the outset, the Ministry of Health was very much in the dark as to the extent of the demand which might be likely to arise for some of the services. Teeth and spectacles have been notable examples of under-estimates. In both cases they are services of a nature to contribute to the welfare and health of the user.

The other item in the same category which has shown a considerable increase from the original estimate is the pharmaceutical service. But there is not the same good cause for this increase nor can it be regarded with any satisfaction. The fact that anyone under the national insurance scheme can obtain a bottle of medicine from the doctor without charge has been an added incentive to that substantial portion of the population who are addicted to the "bottle habit" and pay little heed to the endeavours of their doctors to restrain them. At the time of writing, the Chancellor of the Exchequer, in consultation with the Minister of Health, proposes to levy a charge of one shilling upon each bottle of medicine. This may involve some administrative difficulty and, at the moment, more objections to the proposal are in evidence than support for it. It seems to me that the Chancellor is losing a useful source of revenue and the Minister an opportunity of improving health by not putting the same amount as an extra on the price of patent medicines. (I am well aware that comes under another branch of legislation and would be vigorously op-

posed by one of the most powerful and highly organized industries in this or any other country.)

In the pharmaceutical service there is an item which has involved considerable increase in expenditure, as will be appreciated by hospital administrators, and that is the high cost of some of the new drugs which have come into extensive use since the passing of the Act in 1946.

There is a general principle applicable to the personnel of the pharmaceutical, dental, and ophthalmic services to which attention is drawn by a member of the editorial Staff of *The Economist* in an admirable volume, published by *The Practitioner*, giving a review of the

Financing the Health Service

first year's working of the Act. In dealing with the cost of the health service, he states that he doubts "whether payment by items of service is a desirable form of payment at all. It has the advantage that it gives extra incentive to the successful, hard-working practitioner; but it is a syst. a that can easily be abused and it has the great disadvantage that it amounts to a blank cheque drawn on the taxpayer."

On the other hand, the payment for general practitioner service was calculated on a capitation fee with the result that the figure was more accurate though it provides an anomalous contrast. The cost of dental and ophthalmic services together amounts to more than the whole cost of family doctoring.

By far the most expensive item in the health service is the cost of hospitals. At the same time it is

the one which is most out of control. Directions were given that the original estimates were to be cut. At once there was a hubbub that patients would suffer and that there would have to be a reduction in accommodation. Whereupon the Treasury had to relent and the result was a certain amount of confusion which gave the regional boards an opportunity to endeavour to take a larger measure of control. This was particularly unfortunate in a section of the service which was already undergoing transition and where no one was particularly clear as to who was responsible for financial matters. Hospitals with medical schools are outside the control of the regional boards and have a plausible excuse for exceptional expenditures in the needs of teaching and their specialized services. One of the London hospitals has just announced the cost of in-patient care to be £21 a week. This is about treble the figure before the war. The hospitals have been introducing elaborations of their services which may or may not be beneficial to their patients.

In the non-teaching hospitals, the extension of specialist services has been an important factor in the increased cost. It must be admitted that this extension is due to a public demand, though one which is uninformed and contrary to the main principle of the national health service which is meant to depend on the general practitioner. The specialists themselves are very expensive and additional specialists mean larger demands for apparatus and improvements. *The Lancet* (November 5th) appreciates this danger and suggests that the way to meet it is to enlist the assistance of the medical committee and refer all items of expenditure, with which they are concerned, to them and so make them their own watch-dogs. This is rather a pious hope as the way

(Concluded on page 81)

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◀ Provincial Notes ▶

Nova Scotia

GUYSBOROUGH. A Red Cross Hospital with a bed capacity of 13 has been opened in Guysborough. The hospital is housed in a building, renovated and extended, which was bequeathed for hospital purposes by the late Dr. Marshall Tory, founder of Carleton College, Ottawa, and former president of the Research Council of Canada. The building contains a nursery with 6 bassinets, laboratory facilities, an operating room, and accommodation for the nursing and domestic staffs.

Quebec

HARRINGTON HARBOUR. A new \$200,000 hospital is under construction at Harrington Harbour near Labrador. It will replace the present 15-bed institution built 40 years ago under the direction of Sir Wilfred Grenfell and still maintained by the Grenfell Labrador Medical Mission. The new hospital will be two storeys high and contain 24 beds with a separate ward for tuberculosis patients.

MONTREAL. After 30 years of operation, the Julius Richardson Hospital for Convalescent Children is campaigning for funds to build a new hospital. The existing one with a capacity of 52 beds is old and inadequate. The new hospital planned will be 4 storeys high, have bed accommodation for 120, and space for special treatments, a school room, and recreational facilities.

ORMISTOWN. The cornerstone of the new 60-bed Barrie Memorial Hospital was officially laid on November 10th by John G. Remic, M.L.A., for Huntingdon. It was announced at the opening ceremony that the co-operative plan in operation at

the present hospital would be continued in the new hospital, which is expected to open next summer. The co-operative plan, in which families may enrol for \$10 a year or \$160 for life, entitles any member of the family to a reduction of \$1 per day on his hospital bill.

QUEBEC. A new maternity hospital named Notre Dame de la Reconnaissance has just been completed in West Quebec. The hospital, which has accommodation for 30 mothers and their babies, will be operated by the Sisters of the Immaculate Heart of Mary.

VAL D'OR. An 80-bed hospital named Hôpital Saint-Sauveur will be opened shortly at Val D'Or. The hospital was designed by Jean-Charles Fortin and built at a cost of approximately \$1,000,000. It contains an emergency department, a department of obstetrics, a nursery with 16 bassinets, operating rooms and laboratory and x-ray facilities.

Ontario

AURORA. A \$50,000 reconstruction and renovation program is underway to convert the former De La Salle school into a mental institution with a bed capacity of 300. Renovations include plastering, painting, complete re-wiring, a new roof and windows, and the installation of new washroom and kitchen facilities.

BARRIE. The plan to build a million-dollar 150-bed hospital in Barrie has been set aside, and it is now planned to add a 50-bed wing to the Royal Victoria Hospital and to build a nurses' residence with accommodation for 50. It is estimated that the

new wing will cost approximately \$350,000 and the residence, \$125,000.

STRATFORD. The new general hospital, which will contain 175 beds and 54 bassinets, is nearing completion in Stratford. The total cost of the structure including building, equipment, and furnishings will be approximately \$1,650,000. It is planned to convert the present Stratford Memorial Hospital, which has a bed capacity of 102, into a hospital for chronics when the new institution is opened.

TORONTO. A 250-bed hospital, which will be known as the Orthopaedic and Arthritis Hospital, is to be built in North Toronto. The institution which is expected to cost about \$5,000,000 will have complete facilities for the treatment of all rheumatic diseases. As soon as work on the building is begun, the board plans to apply for a quantity of cortisone and ACTH drugs which are as yet allocated sparsely.

WINDSOR. The new 3-storey building which now houses the Metropolitan Hospital School of Nursing has been erected at a cost of \$435,000. This is the experimental school, sponsored by the Canadian Nurses' Association and the Red Cross, which is carrying out a 4-year experiment in nursing education. By eliminating much of the routine work which can be done by aids, the full course of training takes two years rather than three. The school is under the direction of N. D. Fidler, Reg.N.

Manitoba

BRANDON. Through the efforts of the Brandon Kiwanis Club, a two-storey building on the Brandon General Hospital grounds is being converted into a hospital for children. The hospital will accommodate from 21 to 27 patients, and the cost of renovation is estimated at \$15,000. An enclosed passageway to the main

(Continued on page 78)

The CANADIAN HOSPITAL

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Executives and officers of Canadian non-profit organizations are invited to discuss with Wells representatives their financial needs and aspirations. These counselling services of Wells Organizations of Canada are available, upon request, to recognized Canadian civic and religious leaders without charge or obligation.

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The Hospital

as a Centre of Preventive Medicine

THE many ways in which a hospital may develop its logical function as a participant in the preventive medicine program of its community are well reviewed in a memorial lecture delivered to the American College of Physicians at its 1949 meeting in New York. This was the James D. Bruce Memorial Lecture on Preventive Medicine given by Stanhope Bayne-Jones, M.D., Sc.D., president of the Joint Administrative Board of the New York Hospital-Cornell Medical Centre.*

Noting that "general hospitals are in a unique position to offer a locale from which the campaign for better health can be directed", Dr. Bayne-Jones quotes from the 1947 report of the New York Academy of Medicine Committee on Medicine and the Changing Order:

"The whole perspective of hospital care should be enlarged to include preventive as well as curative care. If the out-patient departments can be effectively utilized to this end and then integrated with home care, the hospital will begin to realize its potentialities as the natural centre for all medical services."

General Considerations

Observations made by Dr. Bayne-Jones under this heading are, briefly, as follows:

The hospital is a social institution with special capacities and obligations to function as a centre of medical care and health services, and in this conception preventive medicine has an "over-all significance". More attention should be paid to these possibilities.

Present-day hospital construction does not provide the best facilities for service as a centre of preventive medicine. It would be well to devise

construction and arrangements sufficiently flexible to be adaptable to changes in ideas and activities as they develop in the future.

Hospitals now function as educational centres but greater educational emphasis could be placed on preventive medicine, the significance of group practice, education of patients in carrying out of instructions for their own good, adult education, health education, and educational influence upon curricula of medical schools and resident training.

There are unexplored possibilities for research in preventive medicine in almost every department of the hospital.

Hospital relationships extend in all directions and if these relationships are not cultivated by the hospital they will be imposed. No relationships are more natural or close than those concerned with public health, preventive medicine, and general welfare. The hospitals have a central position in the current discussion of all questions of medical care.

The more the various health insurance systems provide for comprehensive medical care, the more will preventive medicine become important in the hospital's relationships with these plans.

Special Activities, Facilities, and Arrangements

A number of special activities and facilities which would enable the hospital to function better as a centre of preventive medicine are as follows:

1. Diagnostic clinics, with services available to all persons of all economic levels.
2. Consultation services available to all.
3. Extension of connections with physicians of a community, particularly general practitioners and family doctors.
4. Periodic health examinations for the well in general diagnostic clinics or in clinics equipped and oriented for the detection of cancer or other

diseases. Early detection of chronic diseases is a new essential for preventive medicine.

5. Child welfare and child development clinics, including nursery schools. For preventive medicine the full development of modern paediatrics is of incalculable importance.
6. Pre-natal clinics and post-natal clinics, maternal welfare, and facilities for advance and application of knowledge of human reproduction, emphasizing preventive medicine. Departments of obstetrics and gynaecology have led the advance, but the activities and points of view should be shared by other departments.
7. Preventive dentistry and oral hygiene, with inclusion of modern stomatology, capable of recognizing in oral lesions the superficial and deep evidences of a wide range of diseases.
8. Health services for the institution's personnel and associated staffs and groups.
9. Concern with industrial medicine. This may be developed by examinations of persons sent to the hospital, or by examinations at plants through arrangements with the hospital, by personnel trained not only in general medicine but also in the recognition of industrial hazards.
10. Follow-up clinics, and continuity of care.
11. Treatment and prevention of communicable diseases, by maintenance of service for treatment and education; by immunizations, and by linking the community's programs for control and prevention of tuberculosis and venereal diseases (and other diseases) with the activities of the hospital.
12. Nutritional advice and supervision.
13. Social service departments, enlarged and more integrated with the medical team.
14. Co-ordination of hospital activities with services of visiting nurses and public health nurses.
15. Development of group practice centred either in the hospital or in relation to medical groups of the community.
16. Development of programs for convalescent care and home care, centred in the hospital, motivated by a sense of continuity of service.
17. Development of record keeping, mortality and morbidity statistics and reports, particularly morbidity reports, to utilize to the full extent the hospital's capacities to serve as a centre of epidemiology and control of disease.

Some of these activities are now working out satisfactorily. Others are experiments of a type much needed in many differing parts of our country, for any single system of medical care and preventive medicine is adopted for the whole people.

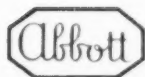
*Annals of Internal Medicine, 31:1, July, 1949, pp. 7-16.



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Puerperal Fever Epidemics Before Semmelweis

(From "Milestones in Midwifery",
by John H. Peel, M.A., F.R.C.S.,
F.R.C.O.G., Obstetrician and Gynaecological Surgeon, King's College
Hospital and Princess Beatrice Hospital,
in "Post Graduate Medical Journal", Vol. XXIII, No. 266)

IT does not require much imagination to realize what happened as a result of herding together large numbers of women (in 17th century hospitals) for the purpose of delivering their babies—often with much local interference from the physicians who, we must remember, had not the elements of surgical cleanliness as we know it today. Small wonder then that there broke out, in consequence, a series of epidemics of puerperal fever, which ravaged the countries of Europe for the next 200 years and carried off thousands of puerperal women. Over 200 such epidemics are recorded between the years 1652 and 1862; and there must have been many more minor unrecorded examples of this new disease. The first such epidemic occurred at Leipzig in 1652 and M. Peü described the ravages of the first epidemic within the walls of Hotel Dieu (Paris) in 1664. In the former, mortality rate amongst the lying-in women was 90 per cent and, in the latter, still greater for a short period of time. A still worse epidemic spread through Lombardy nearly a century later, where it is stated that not a single woman survived child birth for a period of a year at the height of the epidemic. Many such epidemics occurred in Vienna, Dublin, London, Edinburgh, and other cities where lying-in hospitals for the poor were being founded in rapid succession. Small wonder such epidemics occurred in such conditions, when we remember that physicians had no real understanding of the nature of the disease they witnessed so frequently. But their continued recurrence made some, at any rate, of the physicians prac-

tising midwifery begin to think more seriously about this new and dangerous disease. We find Harvey, Burton, Denman, Kirkland, and many others, writing at length their theories of the cause of puerperal infection, without unravelling any of the real problems. Two names, however, deserve special mention. Charles White was a Manchester surgeon, mentioned by de Quincey as the most eminent surgeon in the North of England. He gives an interesting account of the lying-in chamber of the 18th century:

"When the woman is in labour, she is often attended by a number of her friends in a small room, with a large fire, which, together with her own pains, throw her into profuse sweats. By the heat of the chamber and the breath of so many people the whole air is rendered foul, and unfit for respiration. This is the case in all confined places, hospitals, jails, and small houses inhabited by many families, where fevers are apt to be generated, and proportionately the more so where is the greatest want of free air.

"If the woman's pains be not strong enough, her friends are generally pouring into her large quantities of strong liquors, mixed with warm water, and if her pains be very strong, the same kind of remedy is made use of to support her. As soon as she is delivered, if she be a person in affluent circumstances, she is covered up close in bed with additional clothes, the curtains are drawn round the bed and pinned together, every crevice in the windows and door is stopped close, not excepting even the keyhole; the windows are guarded not only with shutters and curtains, but even with blankets, the more effectually to exclude the fresh air, and the good woman is not suffered to put her arm, or even her nose out of bed, for fear of catching cold. She is constantly supplied out of the spout of a tea-pot with large quantities of warm liquors, to keep up perspiration and sweat, and her whole diet consists of them. She is confined to a horizontal position for many days together, whereby both the stools and lochia are prevented from having a free exit. This happens not only from the posture of the patient, but also from the great relaxation brought on by warm liquors and the heat of the bed and room, which prevent the over-distended abdominal muscles from speedily recovering their tone, whereby they are rendered unable to expel the

contents of the abdomen, which lodging in the intestine many days, becomes acrid and quite putrid."

White stressed the importance of fresh air, clean linen, sunlight and, above all, posture in order to allow drainage of the lochial discharge from the uterus and vagina. The other name to mention is Alexander Gordon, who was the first to recognize the contagious nature of the disease. But they never got beyond the stage of theorizing, and it was not until another 50 years had elapsed that the real nature of puerperal infection was proven. Then occurred one of those curious events in the history of medical research and scientific discovery. Two men, practising medicine thousands of miles apart, had a similar chance experience which enabled both to reach the same correct explanation of what they had observed. Oliver Wendell Holmes was a man of many parts, and Osler describes him as the most successful combination which the world has ever seen of the physician and the man of letters. He was born in Massachusetts in 1809, and graduated from Harvard in 1829. He studied law as well as medicine, won himself a place of high rank in the literary world, and finally became a distinguished anatomist at Harvard Medical School. We are concerned here, however, with his contribution to the knowledge of puerperal fever. He first became interested in this subject when he learned of the death of a physician who had been infected in performing a post-mortem upon the body of a woman who had died of puerperal fever. This physician had delivered several women after acquiring infection, and all had died of puerperal sepsis. His research into the ravages of puerperal fever resulted in his publication of the essay on the "Contagiousness of Puerperal Fever" which appeared in 1843. In the essay he gives full credit to earlier observers for recognizing that the disease could be carried from one patient to another, but he was able to offer undeniable proof that it was so carried. He argued that if, as in fact did occur, the disease prevailed in a single place there must be some local cause for its occurrence there. If a large num-

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ber of cases occurred in the practice of a single person and few or none elsewhere, there must be some reason for connecting the cause of the disease with that person. It could not be chance, he argued, that accounted for a single physician having 16 fatal cases in a month. His conclusions, amounting almost to rules for obstetricians, were:²

1. A physician expecting to attend cases of midwifery should never take any active part in the post-mortem examination of cases of puerperal fever.

2. If a physician is present at such autopsies, he should wash thoroughly, change every article of dress, and allow 24 hours to elapse before attending any case of midwifery. Similar precautions should be taken in the case of simple peritonitis and erysipelas.

3. On the occurrence of a single case of puerperal fever in his practice, it is the duty of the physician to take every precaution in his treatment of the next female in labour.

4. If within a short period two cases of puerperal fever occur in the practice of a physician, the disease not being prevalent in the neighbourhood, he would do well to relinquish his obstetrical practice for at least a month. If three or more cases occur, he should take this as evidence that he is the carrier of the contagion.

5. It is the duty of the physician to take every precaution that the disease should not be introduced by nurses or other assistants, making proper inquiries concerning them, and giving timely warning of every suspected source of danger.

It was left to Philip Semmelweis independently to supply both the theory and the practice, and his life was the life of a crusader. This is the name that deserves pride of place so far in this story, and his whole medical life was devoted to the solution of this one problem of puerperal infection. Semmelweis was a native of Budapest. He received his medical education in the University of his native home town and

later went to Vienna. There he was soon appointed Assistant in the First Obstetric Unit of the Vienna Lying-In Hospital under a man named Klein. At that time the mortality from puerperal fever was roughly 10 per cent and at times rose to a considerably higher figure. No explanation was forthcoming of how this disease was caused and, though the work of Gordon some 50 years before had strongly suggested the contagious nature of this disease, obstetricians continued to omit many of the elementary precautions that he had suggested. Semmelweis soon came to the conclusion that there was some factor present in the hospital that was responsible for this disease, but just what it was he could not discover and might never have done so but for two facts. Firstly, this particular institution was divided into two parts. The First Division deliveries were conducted by medical students, and the Second Division by midwives. The mortality in the former was 99 per 1000 births over a period of 6 years, in the latter 33. This was a very striking fact for anyone who cared to take note of it. The striking difference appears to have been known and heeded by everyone except the Professor and his staff. The latter could think of no better explanation for this discrepancy than that the higher mortality in the first division was due to the outraged modesty of the unfortunate women who had to be delivered in the presence of men. Considering that many, if not the majority of the patients, were drawn from a class generally depicted as abandoned women, this explanation seemed particularly inept. Semmelweis worked hard to improve general conditions of lighting, ventilating and diet, without making much headway in the solution of his problem and, at the same time, making a lot of enemies amongst the administrators of the institution in which he worked as a result of his ceaseless energy and fault-finding. Then a chance occurrence gave him a clue. His great friend, one Kolletschka, died after pricking his finger whilst performing a post-mortem examination. He died obviously of what we now call septicaemia, but Semmelweis,

seeing him in his final fatal illness, was impressed by the similarity of his disease to that from which so many of his unfortunate women patients died. The two diseases could only be one and the same. It became clear to him that the cause was the entrance of cadaveric material into the vascular system, in the one case through the finger, in the other through the uterus. The one outstanding thing that medical students did, which midwives did not do, was to attend the post-mortem room, whence they must often have received urgent calls that the head was on the perineum. If they got there in time, they did not even wash their hands before conducting the delivery and then maybe examined two or three other women in labour. The answer was clear—Semmelweis ordered that the medical students must wash their hands in a solution of chloride of lime before making examination or doing deliveries. By this simple measure the mortality dropped from 120 per 1000 to 12 per 1000 in six months. Here was a result and not merely a theory. In point of fact, his theory was only half correct but his results were something positive and definite. To quote his own words:

"Supported by the experiences which I have collected in the course of 15 years in three different institutions all of which were visited from time to time by puerperal fever to a serious extent, I maintain that puerperal fever, without the exception of a single case, is a resorption fever produced by resorption of decomposed animal organic material. The first result of this resorption is blood-dissolution and exudations result from the blood-dissolution.

"The decomposed animal organic material which produces child-bed fever is, in the overwhelming majority of cases, brought to the individual from without. . . . These are the cases which represent child-bed fever epidemics. These are the cases which can be prevented.

"In rare cases the decomposed animal matter, which when absorbed causes child-bed fever, is produced within the limits of the affected organism. These are the cases of self-infection, and these cases cannot all be prevented. . . .

"The carrier of the decomposed animal organic material is the examining finger, the operating hand, the bed-clothes, the atmospheric air, sponges, the hands of midwives and nurses which come in contact with the excre-

²Conclusions are here condensed—Edit

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ments of sick lying in women or other patients and then come again into contact with the genitals of women in labour or just confined. In a word the carrier of the decomposed organic material is everything which can be rendered unclean by such material and then come into contact with the genitals of the patient.

"The site of infection by the decomposed animal organic material is the internal os uteri and upward from there. The inner surface of the uterus is robbed of its mucosa and presents an area where absorption occurs with extreme readiness. The other parts of the mucosa are well clad with epithelium and do not absorb unless they are wounded. If it is injured any part of the genitals becomes capable of absorption."

From a man who knew nothing

of bacteria and antiseptics, this is as near and true a description of the aetiology of puerperal fever as we could ever hope to get. Such a brilliant feat of clinical research should have crowned its author with laurels for the rest of his life but, as ever, the way of the pioneer is hard. The illwill and personal jealousy of his superiors led to his dismissal from his office in 1849. He left Vienna and returned to Budapest, where he eventually became professor of midwifery. The application of his methods reduced the puerperal mortality first to 8.5 per 1000 and ultimately to 3.9. In 1860 he published his life's work *The Cause, Import and Prophecy*

of Childbed Fever. And yet the world at large ignored this work. His contemporaries even argued and tried to prove him wrong, so that his life was spent in an atmosphere of perpetual opposition and frustration, and eventually he was taken to a lunatic asylum, where he died of a wound infection of his finger—once more a septicæmia.

Two years after the death of Semmelweis, Lister published his first paper on antiseptics, and in 1879 Louis Pasteur read his famous paper on *Puerperal Septicæmia* before the Academy of Medicine in Paris.

Mobile Beauty Shop Banishes Boredom

Hospitals are now recognizing the importance of environmental influences in accelerating recovery. The hospital should approximate the back-ground of which the patient was a part before admission and every possible physical detail should be exploited to place the patient at ease in strange surroundings.

Should we not go beyond mere improvement of hospital environment and devote attention as well to the physical appearance of the patient as an instrument for recovery? One experiment (Memorial Hospital, Kansas City) consists of bringing the services of a beautician to the patient's room by means of a beauty cart. This novel idea has been accepted with enthusiasm by both patients and physicians. Patients state that the refreshing shampoo, the glamorous hair-do, or the relaxing facial raises their morale. Nurses report that patients show marked improvement in mental outlook. Doctors encourage patients to avail themselves of this service as a means of transferring their attention away from the discomforts of illness to positive health.

The beauty service is owned and operated by the proprietor of a beauty-salon in the community, who is responsible for providing a beautician on a full-time basis, as well as such necessary incidentals as equipment,

supplies and linen. In return the hospital gives an oral commitment that the proprietor will have exclusive rights in the hospital.

The equipment consists of a portable wooden car, 36 inches high, 35 inches long, and 18 inches wide, painted in pastel colours and mounted on soft rubber rimmed bearing wheels. An adjustable drier projects from the top and there are numerous compartments for storing supplies, linen, et cetera. The entire apparatus weighs about 100 pounds and can be manoeuvred easily in close quarters. It costs approximately \$500 (U.S.A.).

Before approaching any patient for an appointment, the beautician is required to check with the nursing supervisor to prevent disturbance of certain cases—the critically ill, cardiac, postoperative and immediate postpartum. She fills out a request slip indicating the type and date of the service desired and gives it to the nurse to be added to the chart. The nurse signifies her approval by initialing the service on, if in doubt, she may refer it to the attending physician for a decision. The beautician is not permitted to give any service that is not specifically authorized by the doctor or nurse.

The concessionaire remits to the hospital 10 per cent of the gross income computed on a weekly basis.

The beautician collects her fees directly from the patient. After the service is performed, she makes out one original and two copies of a pre-numbered sales slip: for the patient, the proprietor, and for the accounting office. Once a week the accounting office reviews and audits these slips and thus exercises control over finances.

The element of the hospital's liability also arises in the event of an action for damages by a patient. Although the beauty service is owned and operated by a private commercial establishment, it is doubtful whether the hospital could evade liability if lack of due care was proved.

Like all things new, the major problem of this innovation was to sell the idea—both to hospital staff and to patients. At first the nurses were not inclined to accept it readily because they felt it would add to their burdens. However, they were convinced otherwise when they saw that this service made few demands on them. They were also impressed by the enthusiasm of the patients and the beneficial results produced. To sell the idea to patients, various techniques were used, such as newspaper and radio publicity, the house organ, booklets, inserts in the patients' handbook, and attractive cards placed on food trays. Since the job of selling is a constant one, the operator herself is the chief salesman.—Anthony Deluca in "Modern Hospital", Jan. 1949; *Hospital Abstract Service*.

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Canadian Hospital Council

(Concluded from page 28)

tary was to be appointed if the associations made it possible.

The Maritime association held its meeting shortly after the Council conference and increased its voluntary assistance by \$1,000. Later, Saskatchewan increased its support by \$1,000, British Columbia, by \$300, and the Montreal Hospital Council, by \$300. Already the increased support from these associations alone has been \$2,600. At the same time, the executive is exploring other sources of increased revenue. Although we are still short of the required goal, there is now sufficient indication of support and the executive is ready to consider an assistant secretary. (See page 39.)

Now the possibility of losing Dr. Agnew, which we have feared for some time, has arisen. We are at the cross-roads and every provincial association must make its decision. Now is the time for the associations to decide whether or not we want the Council and whether we desire its activities to be expanded or reduced.

Dr. Agnew has done his part. For eighteen years he has laboured to bring the Council to that state of maturity where it might be safe

for him to consider other avenues of service to hospitals. We shall not lose his interest, and his influence will be a continuous help.

We must now face definite issues. Either we must expand in providing helpful service and formulate policies regarding relationship, statistics, legislation, and personnel teaching, or we must adopt a restricted policy. The Council is your servant. Do you wish service as in the past? Do you want an expanded service and heavier operating budget or a restricted service with a corresponding budget?

The time will come when we might well consider a Canadian hospital association but, to my mind, that time has not yet arrived. In fact, I lean to the development of a strong Council controlled by the organizations that support it—a valuable servant of your provincial associations.

What do we need at once? We require a bit of re-organization that will knit us more closely together. I would like to see the central executive continue very much as it does at present but, supplementary to that, I would suggest a provincial council committee in each province. This committee would be the contact unit or liaison between the Council and pro-

vincial organizations and would be the provincial finance committee for the Council.

In the central organization we need a Dr. Agnew. In addition, we require a full-time co-ordinator who will be working continuously on the organized liaison between the Council and associations and conferences and in the interests of these organizations.

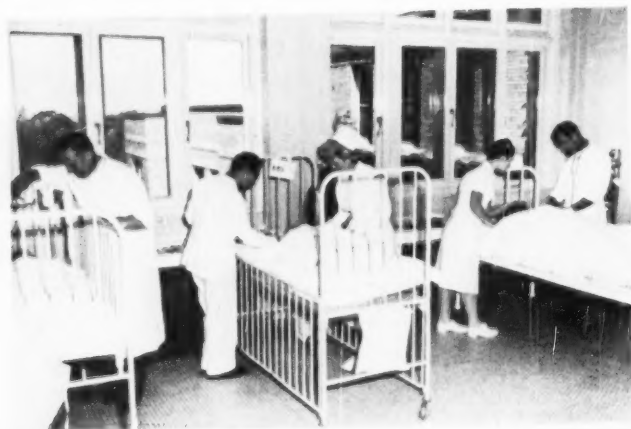
The Council is your organization. I cannot conceive that you want it to be discarded nor do I believe that a progressive body would want anything less than an expanded program of service. Will you organize a provincial Canadian Hospital Council Committee to work with the Council in determining ways and means of continuing and expanding the Council program?

U.S. Cancer Institute Checks Detection Tests

The National Cancer Institute at Washington is undertaking a comprehensive project to check the existing wide variety of tests for detecting cancer in its early curable stages. Diagnostic tests are many, ranging from blood to biochemical tests, but up to the present no concerted effort has been made to evaluate the results.

In view of this the Institute is carrying on investigations with a threefold goal in mind: first, to determine which of the many tests already reported for cancer are dependable and simple enough for widespread use; secondly, to refine the most promising tests; and thirdly, to develop new tests. Laboratory and clinical investigations are being pursued in six co-operating hospitals and medical schools. There, tests showing promise will be thoroughly studied and, if justified, will be applied to thousands of persons with or without cancer, particularly those passing through the United States Public Health Service medical centre at Hot Springs, Arkansas.

As he that lives longest lives but a little while, every man may be certain that he has no time to waste. The duties of life are commensurate to its duration; and every day brings its task, which, if neglected, is doubled on the morrow.—*Dr. Johnson*



Constant Surveillance in Modern Recovery Room

Encouraged by the successful results obtained from the post-operative recovery room service at the Vancouver General Hospital, the Royal Jubilee Hospital in Victoria recently established a similar service. The specialized team on duty in this room is under the supervision of Dr. C. W. Duck (left), director of anaesthesiology. (See "Modern Post-Anaesthesia Recovery Room Service", Sept. 1949, p. 30).

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Laundry Management

(Continued from page 44)

is needed. It is best to have specific advice from some one familiar with your requirements and facilities. Do not spoil a good job of washing with a poor sour job.

The Extractor

After the washing has been finished and the last water drained from the washer, the clothes are removed and put in the extractor. This machine operates at very high speed and removes water from the clothes by centrifugal force. It is most important that this machine be loaded very carefully so it will not be out of balance. The newer machines will not operate if they are too much out of balance, but the older type will and may become very dangerous at high speed. Linens should be run in the extractor for 15 minutes, or until the weight of moisture remaining in the clothes does not exceed 50% of the dry weight. If the extractors are of the older type, see that belts are tight so that linens are not receiving only about five minutes top-speed running time. Weights of dry and extracted linens should be checked to see that they do not contain too much moisture. This assures correct remaining moisture for ironing purposes.

The Ironer

If the linens are not properly extracted during a rush period everything takes a "beating". The ironer should not be used as an extractor.

The padding on the flatwork ironer must be dry. Wet padding loses its resiliency and spring; more pressure will not improve the quality of the ironing. Insufficient moisture in linens is equally as bad; therefore, the work should not be left standing and so dry out. If the padding on your ironer is old and worn out, it cannot absorb moisture and does not provide a proper contact for linens against the ironing surface. Change the padding and keep it in first-class condition.

Excessive moisture will penetrate the padding and vapour will condense on the metal roll causing the iron to rust. This rust will be carried through padding and cov-

ers, and may be transferred to the linens as rust stains. These spots can also be caused when the ironer is housed in a room where the temperature falls below dewpoint. Condensate will form on the ironer under these conditions and cause rust. Remove these spots with steel wool and a kerosene cloth; then run a cloth containing wax or ironer oil through the ironer.

Ironer covers should be washed before being put on the machine. This will help to prevent linens sticking to the rolls. All linen should be well shaken out and hems straightened so that the feeders need not waste time. If possible, the work should be run for about five minutes in a cold tumbler eliminating the need to remove extractor wrinkles. Shaking out flatwork is very arduous. This is the job at which we start a new employee and may be one reason why they sometimes do not stay very long.

The steam pressure should be 100 pounds at the machine for all laundry machines. This pressure will give 336 degrees Fahrenheit at the machines, which is a good ironing temperature. At this temperature, the flatwork ironer should produce from 45 to 50 pounds per operator per hour, and the press operators should produce an average of 15 pounds per operator per hour.

Linen Control and the Linen Room

The best linen control system is one that ensures an adequate supply of linen at all times and checks excessive use and losses.

There are several possible methods. The even exchange system is not good as too many persons must check the same linens, both soiled and clean. A second method—allocating to each floor or ward a maximum quantity of each type of linen for its use—requires that linen be so marked and also dated. This system makes it necessary to sort all linen being processed in the laundry to ensure that it will be returned to the proper ward.

A third method is that of repositioning according to need. In this system, quantities on hand, linen requested, and the number of patients are governing factors. Here all linens are marked for the

institution only and require no sorting out after processing in the laundry. This system has won wide approval because in a short period of time it can demonstrate its economy.

However, whatever system you use an executive official or your laundry manager should have authority to check linen rooms and other places to see that linens are not being hoarded for so-called "emergencies".

Linens that need special treatment for any department because of singular use and periodic changes can be kept separate and sent to the laundry marked for special attention. Badly stained or damaged linen would then have a better chance of being reclaimed and this would eliminate sorting soiled linen. The final decision on repairing and discarding linen should rest with the one in charge of the system. This would also ensure better accounting and inventory.

Daily linen requirements can always be estimated, making due allowances for emergencies and changes following discharge. This will show how the laundry must operate to supply the demand. Arrangements for necessary processing of linen could then be made and your laundry department would be able to run on a fairly even load from day to day.

Training of Managers

We are told that there are hospital laundries operated by laundry managers with no training and no previous laundry experience whatever. Yet hospitals have many thousands of dollars invested in laundry equipment and linen. The American Institute of Laundering operates a school at Joliet, Ill., for laundry managers and the following are some of the entrance requirements: candidates must be at least 22 years of age; have a high school education; must have two years' laundry experience; and must pass a personal test. The course comprises 30 weeks study—in class room and in the student laundry. Even after this, a candidate must get more experience before he is qualified as a laundry manager. The Mellon Institute

(Concluded on page 88)



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Voluntary Effort Needed

(An excerpt from a review of Britain's National Health Services, entitled "The First Year" in "The Hospital", August, 1949.)

ONE of the problems which has to be solved in the social service state is how to make best use of voluntary effort. Many of the subjects which are now regarded as being essentially the responsibility of the community as a whole were formerly the concern only of small bodies of socially conscious pioneers, who by voluntary effort contrived to provide services which were able to meet badly felt needs. Such, to a large extent, was the origin of many health services, including those connected with hospitals, which today we rightly regard as falling within the purview of public responsibility.

Service to the community is, however, a field in which supply rarely keeps pace with demand, and as large fields of responsibility are encompassed by the state so also do other needs become apparent. It is in relation to the latter that voluntary work is still important.

Many of the aspects of this problem were discussed by Lord Beveridge in his recent book* and the

matter was further discussed in an interesting debate which was held in the House of Lords during June. Opening the debate Viscount Samuel pointed out that the need for the work of voluntary organizations was growing, but that at the same time financial difficulties were likewise increasing. One solution to the financial difficulties of voluntary organisations, which he suggested, was that what he termed a "a Common Good fund" should be established nationally in England, Wales, and Scotland, and locally in any town or county which desired to have one established.

Viscount Samuel's speech inaugurated considerable discussion of the whole problem of voluntary effort and the wherewithal to finance it, in the course of which Lord Beveridge signified his agreement with the statement that "Beveridge" was not enough. He felt that there was a vital necessity for keeping alive voluntary action, but he made an important point when he said that it was not going to be as easy as it had been to get people to participate, the fact that the state was doing so much,

*Reviewed in "The Canadian Hospital", p. 44, March, 1949.

Hospital Administration in B.C. to be Surveyed

The government of British Columbia is arranging to have larger hospitals in that province surveyed in an endeavour to work out a pattern for improved efficiency. Administrative practices of each hospital will be included in the study. The report of this survey, stated the Hon. Geo. S. Pearson, Minister of Health and Welfare, at the British Columbia Hospitals Association convention, will be a confidential one to the Government and the hospital concerned and will not be broadcast nor released to the press. The study will be undertaken by James A. Hamilton and Associates of Minneapolis, a firm which has previously been engaged by a number of hospitals to make individual surveys.

Hospitals must reduce costs or there will be trouble, was the comment of the Minister. Noting that hospital costs in British Columbia had risen from \$9,000,000 to \$17,000,000 in four years, he suggested that there might be "some inefficiency". It is to check this possibility that the investigation of hospital efficiency in British Columbia will be launched shortly.

Pointing out that British Columbia has a higher ratio of beds than the Pacific states to the South, Mr. Pearson stressed that communities must be prepared to provide one-third of the construction funds required. "If the desire and need are great enough, they should be able to find their one-third."

leading in some quarters to the idea that no more was needed.

Probably the most important part of Lord Beveridge's speech was that in which he suggested that there should be a Royal Commission on Charitable Trusts, many of which, having been established for anywhere up to 500 years, have consequently aims which look very strange in the light of present day circumstances. The theme was developed by other peers and it would appear that there was a good deal of sympathy for this proposal.

It is indeed surprising that this eminently reasonable proposal has not received consideration before now. It is not very new or revolutionary and there was no hesitation in dealing with the problem in so far as it concerned hospital endowments when the Act of 1946 came into being.

It might be objected that there are obvious dangers in interfering with the will of deceased property owners, but the law does in fact already curtail the extent to which the dead may control the affairs of the living, as in the rules against perpetuities and accumulations, and in the Mortmain and Charitable Uses Acts so far as affects bequests of land to charity. It should not, therefore, be difficult for the law to go a little further and release the reserves of accumulated moneys now tied up in ancient trusts of a charitable nature.

It is satisfactory to note that in replying to the debate, Lord Pakenham expressed the government's sympathy with many of the suggestions which had been made and said that the government were agreed that the matter could not be left as it stood, giving at the same time an undertaking to enquire forthwith into the steps appropriate and necessary to remedy a situation "admitted on all sides to contain elements of waste, anachronisms and anomaly".

The financing of voluntary effort is a problem which is not likely to diminish, and subsidization from public funds is not altogether a happy solution as long as there are substantial private funds available. All who are desirous of promoting such voluntary effort will therefore welcome the assurance by the government that some means is being sought of solving increasingly acute problems of ways and means.

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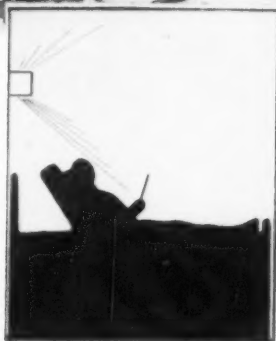
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Sleeping Patients

To us it has always appeared to be unnecessary and unkind to rouse sleeping patients in the early hours of the morning in order to record temperatures (which are usually normal) and then, adding insult to injury, to rouse them again in order to wash their faces. The only practice worse than this is the awakening of a patient so that he may be given his sleeping pill! This latter custom (it occurs almost frequently enough to be so called) is especially pernicious and does more justice to the nurse's sense of duty than to her common sense. But "orders is orders" and perhaps it's easier to disturb a sleeper than to explain why the medicine was not given.

Some years ago this matter of rousing sleepers was taken up with the authorities of a local hospital. A committee was appointed and it went over the records of two or three wards with a total population of sixty. On the days checked all the non-febrile patients had had to be awakened. The only patients with abnormal temperatures were already awake. The temperature-taking process began about six and continued for about an hour. Those who went back to sleep were again roused for the washing ritual.

There cannot be a surer way of starting the day wrongly. It should be a cardinal rule to treat sleeping patients as we are advised to treat sleeping dogs—let them lie.

Nothing in Nature's therapeutic armamentarium is more helpful than sleep—"sleep that knits the ravelled sleeve of care, sure labours bath-

in of hurt minds, great nature's second course, chief nourisher in life's feast". Only those who have tossed fitfully through never-ending hours know its blessing, and to have this blessing snatched away, like Tantalus' cup, is a thing not easily excused. Might not the nurse, tiptoeing to the bedside and looking upon her slumbering patient murmur, "Oh sleep, oh gentle sleep, Nature's soft nurse, Why must I frighten thee that thou no more will weigh his eyelids down and steep his senses in forgetfulness," and then, realising the enormity of such an offense, tip-toe out and leave him sleeping? The registered 98.4 would probably be right anyway. And, when it comes to that, how often are the temperature readings correct? We have it on the authority of the *Lancet* that, despite manufacturers' claims, it requires fifteen to twenty minutes to record an accurate oral temperature and from five to ten minutes if the thermometer be placed in the rectum. Under these circumstances, then, the awakening of a patient for the purpose of recording an inaccurate figure is a valueless nuisance.

The same can be said of pulse-taking at dawn. Again, according to the *Lancet*, it takes at least one minute and sometimes three minutes for the pulse rate to be stabilized. In ordinary cases nothing useful is learned by the 30-second contact of finger and wrist. There is, moreover, the possibility that the nurse overwound her watch and has to fall back on the seaman's method of timing light-house flashes (one chimpanzee-

ses, two chimpanzees, et cetera). But again it doesn't really matter except in cases where the rate and quality of the pulse is a matter of importance. These latter cases demand, and should be given, the time necessary for accurate recording. And the same applies to the recording of respirations.

Another practice which could be profitably abandoned is the prescribing of fomentations. For a few—very few—minutes they are of the proper heat to be useful. After that they become mere sodden cloths incapable of doing harm, to be sure, but equally incapable of doing good. To be useful they must be applied hot and often, for when the heat has left them so has their value. The old fashioned poultice is much better. Moreover in these days of understaffed hospitals the poultice is a particularly desirable replacement of the fomentation for the former, plump and thrifty, holds its heat and permits of long intervals between replacements, while the fomentation, like a skinny spendthrift, gives up its all in a short time and for most of its life is a clumsy nuisance.—*Edit., "Manitoba Medical Review", August, 1949*

Laundry Management Course Offered

From February 13 to April 7, an 8-week course in hospital laundry management will be conducted by the Extension Division of the State University of Iowa under the joint sponsorship of that university and the American Hospital Association. The course will be of a practical nature and will provide students with basic knowledge of laundry chemistry, textiles, personnel management, production management, record keeping, accounting, hospital organization and engineering. Practical instruction will be under the direction of one of the foremost American institutional laundry experts, L. A. Bradley, director of the University Laundry Service.

The enrolment fee for this course is \$125, of which \$25 must accompany application for admission. Those interested in taking the course are asked to apply to the Extension Division, State University of Iowa, Iowa City, Iowa.

Coming Conventions

- Jan. 16-20—A.H.A. Institute on Hospital Establishment, Edgewater Beach Hotel, Chicago.
- Feb. 10-11—A.H.A. Mid year Conference of Presidents and Secretaries, Drake Hotel, Chicago.
- March 1-3—American Protestant Hospital Association, Congress Hotel, Chicago.
- March 10-11—A.H.A. Institute on Hospital Purchasing, Buccaneer Hotel, Galveston, Texas.
- March 30-31—A.H.A. Institute on Hospital Personnel Relations, Hotel Statler, Boston.
- June 19-23—Canadian Medical Association, Nova Scotian Hotel, Halifax.
- June 26-28—Canadian Society of Laboratory Technologists, Admiral Beatty Hotel, Saint John, N.B.
- Sept. 18-21—American Hospital Association, Atlantic City.
- Oct. 30-Nov. 1—Ontario Hospital Association, Royal York Hotel, Toronto.
- Nov. 1-2—Ontario Conference of the Catholic Hospital Association, Toronto.



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Living in the Dark

Not all blind people are alike. They are human beings, differing not only individually, but in the extent and the effect of their common handicap. Some blind persons are totally without sight; the others have various degrees of perception. Some of the former group were born blind; some became blind so early that they have only a vague memory of what things look like; others became blind at various other times . . . when they were part way through school . . . just as they finished their education . . . after they had established themselves in a line of work . . . when they were old. It is obvious then, that the problem of a person who becomes blind at 75 is rather different from that of a person who becomes blind at 15, or earlier.

It makes a difference not only when blindness comes but also how it comes. In his vividly interesting autobiography, *The World at My Finger Tips*, Karsten Ohmstad points this difference graphically:

"It is this way to meet blindness.

You are born into a world to which the light never comes. You hear about it and wait for it and imagine it. You strain your eyes to see it but you never do. — Like George.

"Or you see a brilliant flash suddenly and every detail around you burns itself into your memory—the cabin, the axe driven into the end of the log, the fire tall and sharp against the black sky, the orange and dazzling white spot where the dynamite cap exploded in the fire. Then there is no fire. There is no light. You put your hands to your face and they come away hot and sticky. — Like Al.

"Or letters begin to swim on the page like jellyfish in stagnant water, and you wait a year while the doctors try everything they know to put straight lines and bright colours before your eyes again. You see the world through a luminous fog, and

then through a curtain with the footlights fading. And then not at all. — Like Karsten. Like me."

Blind people need more than courage and patience and intelligence to make a useful and happy place in the world. It takes the encouragement of persons who can see, and their help in the right places—help to learn braille, or to hold a job, or even walk around the block by themselves. To come across some blind child or adult leading a dark, useless existence because of neglect is as if one stumbled across a little, lost child crying in the night for its mother.

What is it Like to be Blind?

There is helplessness and terror and despair when a person is suddenly blinded. There is a futility in living, in doing anything for himself. There is a tendency to withdraw from the world even after shock has lessened.

This is the point where doctors, case workers and families can help by intelligent care. Step by step they can build up a patient's confidence in himself. If the patient is a man, one of the first steps may be to get him to shave himself; if a woman, to use cosmetics. There is a signal victory for many a newly-blinded person to discover that he can write his own letters, using a guide board to keep his lines straight.

If you break your right arm you learn to do a great many things with your left. If you are blind you learn to let hearing and smelling and feeling tell you much more about the world than they can tell a seeing person. It is like hearing a voice over the telephone and knowing that the voice belongs to an old or young person, sick or well, cheerful or sad. The blind do this when speaking in a room with another person. So it is with the senses of smelling and feeling; the gift of memory—of sounds, or smells and of textures.

Reading and Writing

In braille, each letter of the alphabet is represented by one or more dots, never more than five, grouped in various ways in a tiny rectangular

space called a cell. The dots are read by a finger, usually the index finger, moving from left to right. An eager intelligent adult can begin reading novels with his fingers within two weeks or so after taking up braille.

In writing braille, a stylus is used by the blind person. The stylus looks like a tiny awl, and it is used to punch out the characters dot by dot. Since the writer must turn the paper over to read the dots he has punched, he writes backwards—from right to left.

There is a braille writer for the person who has much writing to be read by himself. It looks like a small, antique typewriter. However, many a blind person learns to use the ordinary typewriter so that he can write to his seeing friends and prepare his lessons for his seeing teachers.

There are other supplements to aid study, and while braille is his greatest single aid, the blind student has the Talking Book, a set of records on which a book, a play, or some other piece of writing has been recorded. The records are played on a specially constructed, slowly revolving phonograph.

There are many devices to aid the blind but the need for other substitutes for sight are badly needed. One greatly wanted instrument is a small machine operating like radar to give a blind person, through his sense of hearing or of feeling, a picture of his surroundings. But the greatest need of all is, as gallant Helen Keller so well expresses it, the need to be treated like the human beings they are.

Increased Admissions to Schools of Nursing

According to a release from the "Committee on Careers in Nursing", New York, the 1949 total admissions to schools of nursing stands at 43,612. This is an increase of one per cent over 1948 when the admissions numbered 43,373.

The National League of Nursing Education, which compiled the admission figures, points out that with the exception of the war years, (1942 to 1945) the number of students admitted to schools of nursing in 1949 is the largest total ever reported.

NOTE: This material was taken from "WHAT DO YOU KNOW ABOUT BLINDNESS?" by Herbert Yakovlev, author of other Public Affairs Pamphlets, for the Public Affairs Committee, Inc., New York.



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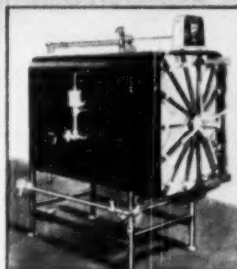
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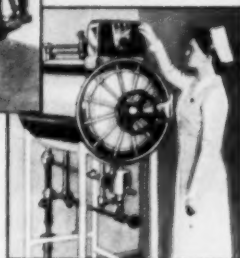
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Provincial Notes

(Concluded from page 58)

hospital is being built so that its facilities will be available to the new institution.

Saskatchewan

KINDERSLEY. A new union hospital and nurses' residence, built at a cost of \$290,000, have been officially opened at Kindersley. The hospital, designed by Webster and Gilbert of Saskatoon, is three storeys high and has a capacity of 40 beds. It is connected by a tunnel to the nurses' residence which has accommodation for 15 nurses and a maintenance staff of 6. Edna Nixon, Reg.N., is matron of the new hospital.

SASKATOON. The City Hospital board of governors has appointed a building committee to begin preparing plans for the new \$690,000 centre section of the hospital and the \$325,000 addition to the nurses' resi-

dence, which were authorized recently in the Saskatoon civic election. It is expected that Frank Martin will design the hospital unit and Webster and Gilbert, the nurses' residence.

Alberta

RAYMOND. A new cottage with accommodation for 20 partially-recovered patients is under construction at the mental auxiliary home in Raymond. The cottage contains sleeping quarters and a large living-room, but patients will eat their meals at the main hospital. Other construction projects being carried out at the hospital include complete alterations of the laundry and carpenter shop and the building of a new canning-room and green-house.

British Columbia

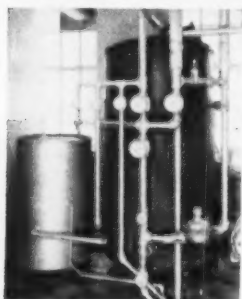
FERNIE. A 46-bed hospital, designed by Gardiner and Thorat of Vancouver and described as one of

the most modern in the Kootenay district, has been opened at Fernie. The hospital was essentially a community project. Citizens and corporations lending time, labour, and construction equipment kept construction costs at a minimum. Thus the hospital was built at a cost of \$248,000 and is entirely debt-free. Miss Margaret Saunders, Reg.N., of Calgary, has been engaged as matron of the new hospital.

NELSON. The board of directors of the Kootenay Lake General Hospital has enthusiastically endorsed a plan to convert the present hospital into a 200-bed home for men and women over 70 when the new hospital, which is to serve the district, is built. They hope to receive \$300,000 from the province in payment for the building and to direct this sum towards the construction costs of the new hospital.

There is no word so dangerous, or so often misleading, as the word "inevitable".—Lord Samuel.

How Softened Water SAVES MONEY



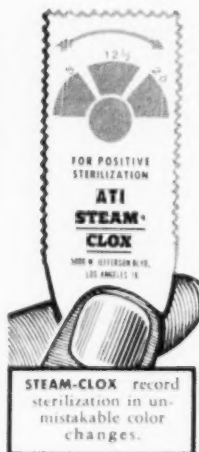
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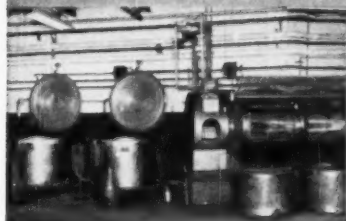
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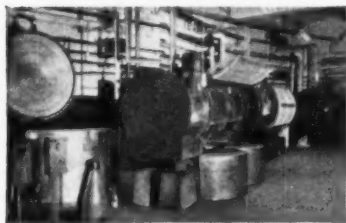
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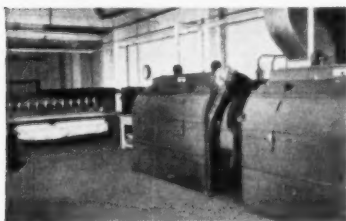
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TWO YEARS AGO, when the Temple University Medical School and Hospital, in Philadelphia, was considering general expansion, the need for improved laundry service was even then critical in the existing hospital. A survey made by U. S. Hoffman laundry engineers revealed a high turnover in laundry personnel — a six-day work week averaging 11 hours a day — generally inadequate facilities for processing Temple's 27,000 pound per week volume.

Modernization of the laundry, therefore, was made an integral part of the expansion program which Temple undertook last year.

With its new capacity of 600 beds, weekly laundry volume now stands at 35,000 pounds, including the work of student nurses and interns. Hoffman "Shell-less" washers and unloading extractors, along with Hoffman tumblers and flatwork ironer, are processing this 29% heavier volume for only 3¢ per pound. Hoffman equipment is credited with helping the Temple laundry staff to do "more work in eight hours than in sixteen in the old plant. Soap and other supplies have been cut almost in half — less linen discarded."

To find out how Hoffman equipment can do an equally effective job in reducing your laundry costs per patient day, write or phone for an engineering survey, without obligation, today.



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With the Auxiliaries

Highlights in Fashion Sponsored by Sudbury Aid

A very successful fashion show was held in November by the Sudbury District Hospital Women's Auxiliary. The two-hour display featured sports clothes, business suits, cocktail and after-six dresses, as well as glamorous formals. Mrs. W. N. Smith and Mrs. A. H. Skene were conveners of the event, and Halle Miller Cockburn, Canadian fashion expert, introduced the models and commented on their costumes.

Visitors' Day at Bethany Hospital

November 26th was open house at Bethany Hospital, Saskatoon. Visitors were shown through the home and the hospital by staff members and then ushered to the main floor where the hospital's two

auxiliary groups were holding a bazaar. In one room there were displayed tables laden with the handiwork of the patients and the staff and in another, the home cooking, sewing, and fancy work of the auxiliary groups were offered for sale. The event was a great success.

Novel Projects of Saskatchewan Auxiliaries

At the annual convention of the Saskatchewan Women's Hospital Aids Association held in Regina in October, members of 43 auxiliaries read reports concerning their year's activities. Several groups had undertaken quite novel projects.

The auxiliary at Estevan started a library for the hospital. At Foam Lake, where a new hospital has been opened in the last year, sev-

eral "bees" were held: a two-day drapery-making bee, a two-day bee to make up 600 yards of sheeting, and a cleaning bee just before the opening day. The North Battleford auxiliary, organized last year, held a pillow shower and received 110 feather pillows for the new wing of their hospital. The aids of Holy Family Hospital, Prince Albert, and of the Home for Infirm, Wolseley, each published a cook book, both of which promise to be very successful.

Windsor Aid to Spend \$5,000

The Metropolitan General Hospital Aid has voted \$5,000 for improvements to its hospital. The aids plan to replenish the supply of screens in all the wards, to renovate the nurses' dining room by buying new tables and chairs, to purchase 2 new oxygen tents, and to complete the hospital's service of stainless steel ware. The meeting at which these expenditures were voted took the form of a shower of jams and jellies for the nurses and toys for child patients.



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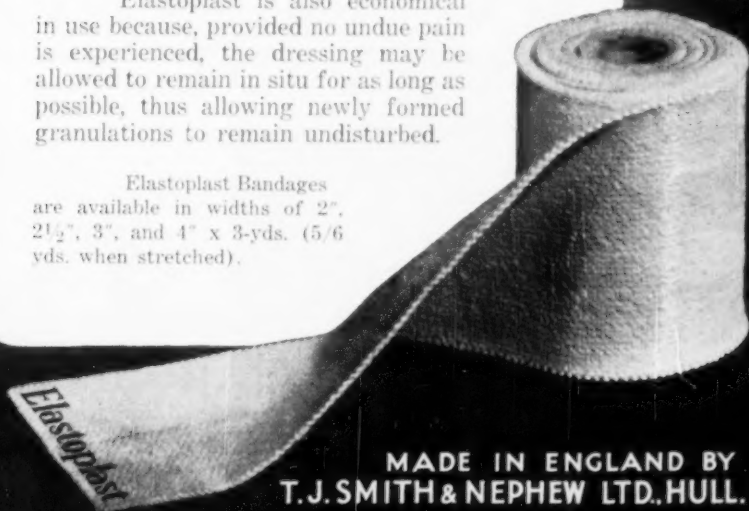
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Professional Liability

(Concluded from page 51)

nurse was assigned to sit beside him till he came out of the anaesthetic, and after a few minutes she noticed that he was not breathing. She called the supervisor who, realizing the trouble, removed the sponge but it was too late.

Qua Dr. X: The skill of Dr. X was not being disputed for the operation seemed to have been performed with skill and care. If he had tried to remove the sponge and failed, his skill would have been questioned and evidence brought in to decide whether in attempting to remove the sponge he had used ordinary skill according to standard methods, but he did not see the sponge. It was in the nasopharynx cavity just behind the soft palate where it was out of sight and left there after the operation because the defendant overlooked it. He had not counted the sponges used, nor employed any means of checking their number. The duty of checking was solely his responsibility, the removing of all of them was exclusively his duty.

In this case the evidence of expert witnesses was not accepted as conclusive. Despite the fact that they proved that accepted standards of skill and competence were complied with and that it was not the general practice to count sponges in an operation of this kind, leaving a swab in a patient's body after a surgical operation could not be justified in the lay mind. If a practitioner does not take an obvious precaution he cannot exonerate himself by showing that others also neglect it.

Judgment: the doctor was held liable; the hospital and the nurses were held not liable.

Ontario Program for Mental Hospitals

A five-year construction program to relieve congestion in mental hospitals has been announced by the Ontario government. Between \$30,000,000 and \$35,000,000 will be spent in the next five years to increase present accommodation by 4,000 beds; 2,000 beds will be added in the Toronto-Hamilton

area, 1,000 in Northern Ontario, and 1,000 in the Kingston-Brockville section.

It is expected that several small hospitals will be built in the Toronto-Hamilton area, but that existing hospitals will not be extended. Two 500-bed institutions are to be erected in Northern Ontario, one in the Eastern section and one in the Western; and the mental hospitals in Kingston and Brockville are each to be enlarged to accommodate 500 more patients. Construction of a separate unit for mental patients who have tuberculosis is also included in the plan.

C.S.L.T. Plans June Convention

The fourteenth annual convention of the Canadian Society of Laboratory Technologists will be held at the Admiral Beatty Hotel, Saint John, N.B., from June 26-28. Those who are interested in attending are asked to write for further information to Miss Charlotte Barron, 20 Enterprise St., Moncton, or Sr. Theresa Carmel, St. Joseph's Hospital, Saint John, N.B.

New Johnson & Johnson Field Appointments



A. M. WARD



C. B. MABLEY



I. G. GEDDES

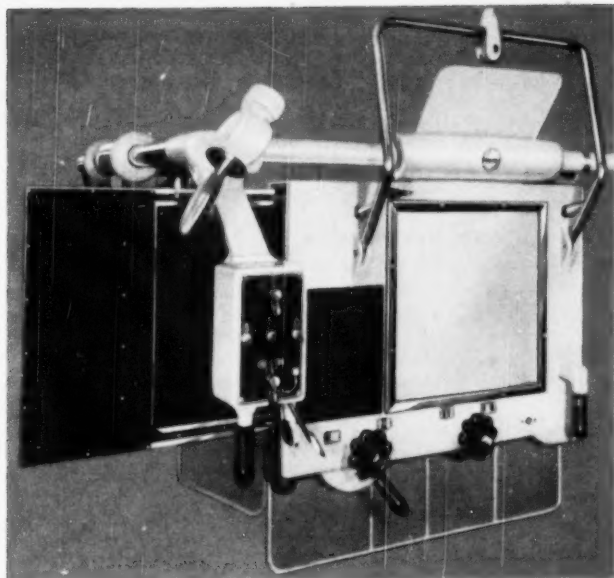
Recent appointments of interest to hospital personnel are announced by Johnson & Johnson Limited.

Mr. A. M. Ward, formerly a professional detail representative for the company in Eastern Canada, takes over hospital sales in part of Ontario. A former Montrealer, he now lives in Toronto.

Mr. C. B. Mabley, who also resides in Toronto, has re-

cently become a member of the company's hospital division in Ontario.

Mr. I. G. Geddes, a member of the Johnson & Johnson field force in Western Canada for several years, has been transferred from Regina to Calgary, where he has taken up residence. He will represent the company in Southern Alberta.



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- 5—A counter to indicate number of exposures on each film.

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Construction Planning

(Concluded from page 40)

and integration of hospitals". Efforts are being made to secure a grant from this fund to finance such a committee.

Conclusion

While twice confined to hospital as a long-term patient, I was able to make an intensive study of what to do and what not to do. I can sympathize with the suggestion of one of my nurses in commenting upon the inconveniences built into her hospital: "What that architect needed was a nurse and several weeks in a hospital bed".

With the increasing cost of construction and operation, we must avoid mistakes and extravagances, make our plans simple, flexible and well balanced throughout, and anticipate future expansion. Each new plan is a complicated, time-consuming task, calling for the closest co-operation between architect, engineer, administrator, and consultant. Given this co-operation, much can be accomplished.

Hospitals in Britain

(Concluded from page 56)

in which they have recommended additions to staffs beyond those laid down by the regional boards suggests that they have not much regard for the burden upon the taxpayer.

As regards the work of the hospitals as a whole, lay administrators have for some time been concerned to devise some efficient method of costing but so far without any marked success. Even if that were available there would still be a good deal of difficulty in determining how far value was being obtained for the expenditure.

The admirable research unit P.E.P. (Political and Economic Planning) in the first of a series of surveys dealing with hospital service has examined the method of controlling finance. It comes to the rather pathetic conclusion that "hospital finance is still an unknown quantity" and is inclined to scrap the present procedure in financing hospitals in favour of something similar to the way in which money is provided for the

universities. The procedure would be by way of block grants for a period, say of five years, for both capital and maintenance expenditures.

All these proposals are merely palliatives. The fundamental reform needed to put the finances of the health service on a rational basis is that it should become a health service. The people of this country—and perhaps it is not the only one—love to have their hospitals. Long years of propaganda for money raising purposes have given hospitals an established place in popular esteem. When people realize how costly hospital service is and how much might be saved by attention to health from childhood onwards, and avoidance of accidents, perhaps they will begin to change their minds. The ideal of hospital service may then be, as it should be, to have empty beds instead of always wanting to add to their number.

If a child be born well at least two-thirds of its battle for life is won.—
William Colby Cooper

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Rubber Goods guarantees all that
the name implies.



O Dona Divinissima

(Concluded from page 42)

thing is required at the bedside that is at the same level as the top of the bed so that the patient can simply slide over.

Actually there is much more effort and fatigue involved in using a bed-pan than if the patient were allowed to step out of bed and squat down on the floor on an old fashioned chamber pot. A pot with a seat the shape of a toilet seat, that is, oval instead of round and about one foot from the ground could be made that would be convenient and practical. If it is considered dangerous for a heart patient to sit so low the thing could be put on a stool or a chair to bring it to the desired height.

The writer has been intimately connected with hospitals for over forty years but, except for a few minor episodes, never as a patient till now, and the bed-pan problem was earlier accepted as a minor but inevitable affliction. Recent intimate personal experience has brought home the necessity for reform.

Why is there always a clammy rubber draw sheet on the middle of the bed? The writer discovered a rubber sheet under him when he had his tonsils out and wondered then if the nurses suspected him of not being housebroken yet. There are certain habits that nurses have which must be relics of some prehistoric pagan ritual (judging by their persistence), such as hiding the adenotome in some far corner of the O.R. away from the rest of the instruments when one is doing a T and A. (We have experienced this in several different hospitals.) We had attributed the presence of the rubber draw sheet to the persistence of one of those exclusive secret female rites that were indulged in in the dim past of prehistory, but I now see the light and realize that it is linked inevitably to the bed-pans, as bacon is to eggs. Get rid of the one and the other will follow.

Designers of hospital equipment, let us have some action, please.

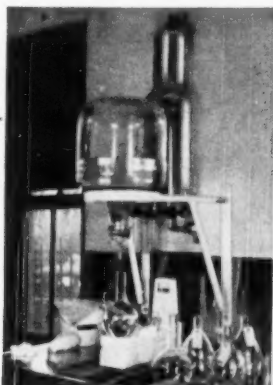
Discontent is the first step in the progress of a man or a nation.

—George Bernard Shaw

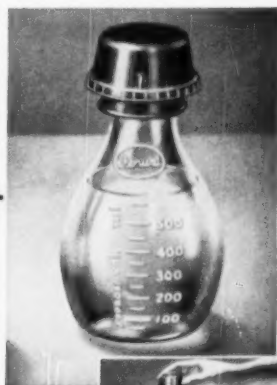
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THE POUR-O-VAC SEAL is a scientifically designed closure consisting of a heat-resistant rubber collar which fits over glass container. Phenolic cap which fits over this collar effects a vacuum seal when depressed, protecting flask and contents from contamination.

Where water is drawn off continually from a water sterilizer into pitchers and basins covered by metallic caps or drapes and handled carelessly, it may be quickly rendered unsterile. With the use of POUR-O-VAC, water can be poured from containers without danger of contamination because tip of collar is sterile. Finger contact is eliminated.

POUR-O-VAC SEALS can be sterilized repeatedly and used throughout an exceptionally long life. They fit 500, 1000, 2000, and 3000 ml. Fenwal Containers.

An ideal combination for the preparation, handling and storage of water is a Castle Reflux Still and a supply of Fenwal flasks and POUR-O-VAC SEALS.

POUR-O-VAC means improved safety for patient. Available through all authorized Castle dealers or write: Wilmot Castle Co., 1176 University Ave., Rochester 7, N. Y.

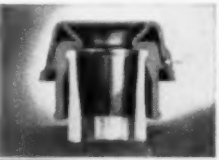
Castle
BACTERIOLOGICAL APPARATUS



Collar is placed over flask, hugging neck and lip of container; cap is placed loosely over cover during sterilization.



Pressing cap effects vacuum seal.



Cross sections of Pour-O-Vac before and after pressing cap showing how vacuum-tight closure is effected.

25 Years Ago

January, 1925

A new 5-storey building for the Out-Patients' Department of St. Michael's Hospital, Toronto, was being erected. Costs were estimated at \$500,000.

Plans for the construction of 3 new buildings were under consideration at the Royal Ottawa Sanatorium. One building was needed for the accommodation of advanced tuberculosis patients, a second was needed to care for children, and a third to contain the central heating plant and laundry.

The nurses' residence at the Ontario Hospital, London, was officially opened by the Lieutenant Governor of Ontario. The building had accommodation for 50 nurses, including spacious sunrooms, recreation and study rooms, and a large dining hall.

A 3-day conference on medical services in Canada was held in Ottawa under the auspices of the

Canadian Medical Association. The main object of the conference, the first of its kind, was to strengthen public health activities in Canada. Dr. T. C. Routley of Toronto was general secretary of the conference, with Dr. Alexander Primrose as chairman.

Health Services in Nfld.

(Concluded from page 35)

Tuberculosis is one of the greatest public health problems and one that is receiving great attention from the health department. There are at present about 351 tuberculosis beds at the sanatorium in St. John's, about 30 at Twillingate in Notre Dame Bay, and 30 at the Grenfell Hospital at St. Anthony in the far north. A modern sanatorium with 250 beds is in an advanced state of construction at Corner Brook on the west coast, and there is a tuberculosis control centre with the most modern equipment in St. John's which serves residents of the city and many outside areas. Streptomycin treatment is provided to all institutional

cases recommended by the Streptomycin Board. It should also be mentioned that all tuberculosis services are free to any citizen and free x-ray diagnosis is available at some 20 centres in different parts of the island.

Free immunization against whooping cough and diphtheria is available from all hospitals, medical officers, and nursing centres; and private physicians are paid for this service as well.

Free treatment for venereal disease is obtainable from any physician without either formality or publicity but there is a close follow-up of lapsed or recalcitrant cases and the act has effective powers of coercion which, however, are only employed as a last resort when all other measures have failed.

A nap, my friend, is a brief period of sleep which overtakes superannuated persons when they endeavour to entertain unwelcome guests or to listen to scientific lectures.—George Bernard Shaw

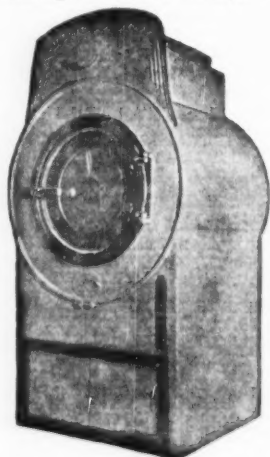
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HOBART POTATO PEELERS

are equally effective with sweet potatoes, turnips, carrots, parsnips. A variety of models available — each of rugged Hobart construction to ensure continuous and satisfactory performance under the most severe use.

NEW! Model 6130 Hobart Potato Peeler with built-in peel trap—designed to handle 30 to 35 pounds of potatoes or other root vegetables. Modern, compact and very easily cleaned.

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*We carry a Casco Starch
to suit every purpose.*

Stanley Brock Limited

WINNIPEG CALGARY EDMONTON VANCOUVER

Established 1902

Laundry Management

(Concluded from page 70)

also operates a laundry school and here the student goes to a commercial laundry for two weeks after spending two weeks in class. A night school for operators of institutional laundries has now been set up in New York.

Laundries could be improved in the institutions of this province by the formation of an institutional laundry managers' association. They could then get together once each year in convention to talk over their problems. Arrangements could be made for those who do not have much experience to spend a few days in the better operated laundries in the province. In the U.S.A. there is a National Association of Institutional Laundry Managers; the writer has attended several of their conventions and has learned something at each one. If hospital administrators here would encourage conferences and better training for laundry operators, they, the administrators, would not be disappointed.

U.S. Awards \$907,212 For Cancer Research

The United States Public Health Service has awarded \$907,212 to hospitals and universities in 21 states for research projects on the relationship between cancer and hormones. A study of the role of the liver in reducing the activity of the female sex hormone, estrogen, and further study upon the action and effects of cortisone will be two of the projects undertaken.

Pride Goeth Before a Fall

The bombastic phrase "control of nature" is a by-word of the literature of the day. Do we mean that because we have learned to navigate the tides we shall also control them? Because we have learned to clothe ourselves and to provide shelter we shall also control the winds? We have already begun the attempts to regulate local weather. Where do we think we shall stop—with the control of the speed of rotation of the earth, of its revolution about the sun? Shall we also learn to control the chain reaction in the sun whence comes all our life and power? Pride

goeth before a fall. All our efforts will promote only disaster if they are not done in the humility appropriate to our ignorance, never forgetting that we have not made the earth or the heavens above it.—*Chester I. Barnard, president, The Rockefeller Foundation.*

RADIOLOGIST—ASSOCIATE

Certified or eligible. 400-bed hospital—active department. Must be interested in X-Ray and Radium Therapy. Good remuneration. Apply to Director, Royal Columbian Hospital, New Westminster, British Columbia.

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Duties: Organization and administration of nursing service and collaboration with school instructors.

Qualifications: Registered nurse, preferably graduate from accredited University, 5 years of successful supervisory experience. Leadership qualities.

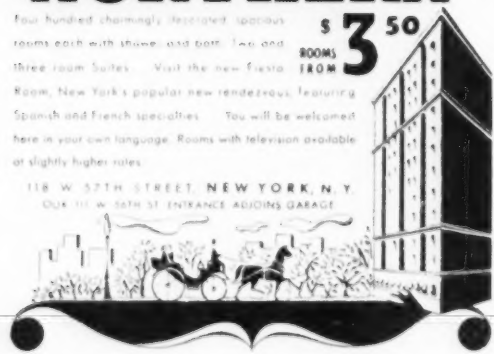
Salary: Dependent upon qualifications and experience.

Apply to H. F. Garwood, Superintendent, General Hospital, Niagara Falls, Ontario.

New York's CENTER of Interest HOTEL GREAT NORTHERN

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- A. Dietitian in Charge—General Administration.
- B. Associate Dietitian in Charge—Also Teaching Class Room—Practical.
- C. Dietitian—Therapeutic Diets.
- D. Floor Supervision.
- E. Assistant to Dietitian on Therapeutic Diets.
- F. Formula Room—Staff Dining Room.
- G. Junior Assistant.

WANTED AT ONCE—Applications for Positions "B" and "C". Apply to Miss Virginia Hess, Dietitian in Charge—Kingston General Hospital.

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	Min.	to	Max.
A. Dietitian in Charge	\$225.00	to	\$300.00
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C. Therapeutic	200.00	to	275.00
D. Floor Supervision	175.00	to	225.00
E. Assistant—Therapeutic	160.00	to	200.00
F. Formula Room	160.00	to	200.00
G. Junior	150.00	to	175.00

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Maximum of 48 hours per week—Six days with pay for Statute Holidays—Four weeks annual holidays with Gross Pay. Pay-while-sick benefits apply as per Hospital Plan, also hospitalization benefits and benefits from Hospital Employee Health Service.

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A Bachelor's Degree with a major in foods and nutrition from a University whose course is approved by the Canadian Dietetic Association. One year Post Graduate Training in Hospital Dietetics and Administration (Excepting Junior—G). Active member Dietetic Association. Personality and ability to work with others essential.

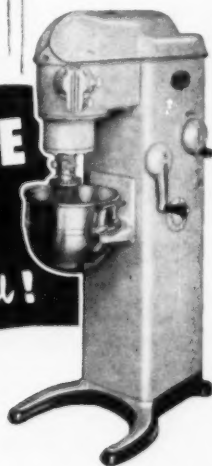
More complete information available on application to Dietitian in Charge, Kingston General Hospital. "B" appointee must be capable of acting as Dietitian in Charge during absence of official "A" on holiday or leave of absence.



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